

CITY OF SANTA BARBARA  
PARKS AND RECREATION DEPARTMENT

ATTACHMENT 12

Application for Appointment to

Golf Course Advisory Committee

FORM 2010

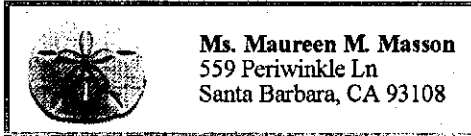
(City employees are not eligible to serve on the Advisory Committee)

APPOINTMENT

RE-APPOINTMENT

Name: \_\_\_\_\_

Home Address/City/Zip Code: \_\_\_\_\_



Business Address/City/Zip Code: \_\_\_\_\_

Home Telephone Number: 969.5778 Business Phone Number: N/A

Facsimile Number: STATE E-mail Address: golfsackut@aol.com

Who will you represent? (An organization, community at large, etc.) S. B. W. G. C.

EXPERIENCE/BACKGROUND

Education: B.A., ST. COL. USAF, 3-YR NURSING SCHOOL

Present Occupation/Position Title: Retired

Memberships in Organizations: Rancho Alegre (B.S.A.), Palm Coast Spc. S. B. H. S. Alum. Assn., SBWGC, 142 CARD G.C., RIVER ALISA G.C.

If appointed as an Advisory Committee member, please share what expertise you will offer the Committee:

See above

Have you served on this committee or any City Committee in the past?  Yes  No

If so, please identify the Committee and the dates you served: Four To five  
Terms?

Maureen M. Masson  
Signature

\_\_\_\_\_  
Date