# MARIN COUNTY SPECIAL DISTRICTS ASSOCIATION

**APPLICATION**

**Please clearly print the following information:**

Agency Name:

Address: Telephone: E-mail:

What type of membership is being requested? Regular ⃞ Associate ⃞

Name of individual who will serve as representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Type: Staff ⃞ Board ⃞ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual who will serve as alternate representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Type: Staff ⃞ Board ⃞ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of any other individuals who may participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special districts must provide its primary functions and its enabling legislation under state law.

Please list primary function/s: Please list enabling legislation:

Please list names of current governing board members and manager:

Special districts must provide a resolution by the governing board requesting membership. Resolution is attached? Yes ⃞ No ⃞

Non-special district applicants must submit statement of interest and purposes in common with

the chapter. Statement is attached? Yes ⃞ No ⃞

Each application shall be accompanied by a certificate for liability coverage stating that the district has

liability insurance to cover its members at Chapter meetings. Certificate is attached? Yes ⃞ No ⃞

Name and title of person completing the application Date

**File with MCSDA secretary. You will be notified if approved.** Revised 1-2020