



COMMUNITY MEMORIAL MUSEUM ASSOCIATION APPLICATION

Name		
Address		
City/State/Zip		
Phone (h)	Phone (c)	Email
Occupation		
Emergency Contact		
Name	Phone	Relationship

Please answer these questions on the following page:

1. Why are you interested in joining the Association?
2. What is your work/professional background?
3. What is your educational background?
4. What charitable or community activities have you participated in?
5. What perspective/experience/connections can you bring to the Association?

Please return to:

Community Memorial Museum Association
1333 Butte House Road
Yuba City, CA 95993
association@suttercountymuseum.org
530-822-7141

