

**ALBANY UNIFIED SCHOOL DISTRICT
BUDGET ADVISORY COMMITTEE
MEMBERSHIP APPLICATION**

<i>Name</i>	
<i>Address</i>	
<i>Phone</i>	<i>Email</i>
<i>Membership Representation Category</i>	<input type="checkbox"/> Albany Teachers' Association Representatives: <input type="checkbox"/> Parent: <i>elementary/secondary</i> <input type="checkbox"/> California School Employees' Association representative <input type="checkbox"/> Service Employees' International Union representative <input type="checkbox"/> Site Administrator: <i>elementary/ secondary</i> <input type="checkbox"/> High School Student <input type="checkbox"/> Albany Resident
<i>Primary Residence</i> <input type="checkbox"/> is <input type="checkbox"/> is not within the Albany Unified School District (AUSD)	
<i>Qualifications and Experience</i> (<input type="checkbox"/> continued on attached sheet):	
<i>Certification:</i> I have understood that the purpose of the Albany Unified School District Budget Advisory Committee is to create strategies to achieve and maintain and balanced District budget. I further understand that this is a standing Board appointed committee with a term of two (2) years, that consistent attendance is necessary, and that there will be no less than six (6) meetings annually.	
In good faith I apply to be a member of the AUSD Budget Advisory Committee and if appointed by the Board I intend to accept the appointment.	
<i>Signature:</i>	