

# SENIOR ADVISOR PROGRAM APPLICATION

## APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Email:

Home phone:

Cell phone:

## ORGANIZATIONS

How long have you been a member of ICMA?

Please list any other local government professional organizations that you have been a member of:

## REFERENCES

**Name:**

**City:**

**Phone/Email:**

1.

2.

3.

## RESUME/INTEREST

Please attach your resume.

Please indicate why you are interested in serving as a Senior Advisor:

Please select which area group you would like to represent:  
Choose an area

How well do you know the City Managers and Assistant City Managers within that area?

## SIGNATURES

I have read and understand the requirements, qualifications, and time commitment to be a Senior Advisor (located in The Senior Advisor Program: Guidelines for Participation) for the League of California Cities and ICMA. I would like my application to be filed as a potential applicant for the Senior Advisor Program.

Signature:

Date:

Please send your application and resume to Meghan McKelvey at [mmckelvey@calcities.org](mailto:mmckelvey@calcities.org) or fax to (916) 658-8240. For additional questions, you can call Meghan at (916) 658-8253.