



Please fill out the left-hand signature column for a candidate appointed by a government body or organization (described in footnote 4).

Please fill out the right-hand signature column for a community candidate (described in footnote 5).

**Signatures for Appointment ⁴ by
Government Body⁶ or Organization**

Signature for Community Candidate⁵

Name of Appointee

Name of Community Candidate

Signature of Appointee

Signature of Community Candidate and Date

**Name of Representative of
Appointing Body**

**Signature of Representative of
Appointing Body and Date**

⁴ Appointment by City, District Supervisor, SCC Health or Nutrition, California Senior Legislature, Cities Association of SCC, or Federation of Retired Union Members.
⁵ A community candidate representing the African American, Asian American, Disabilities, Family Caregiver, Hispanic/Latino(a), LGBTQ+, or Native American community.
⁶ An appointee from a city or supervisor district must be age 60 or over and reside in that district or city. These requirements may be waived at the request of the appointing body with justification, subject to approval by the Membership Committee.