Profile				
Bernadette First Name Full/Legal Name (if difference)	Byrne  Last Name  ent than name provid	ed above)		
Email Address				
Primary Phone	Alternate Phone			
Street Address City			Suite or Apt State	Postal Code
Mailing Address (if differ	ent than Street/Physi	cal address)		
Are you currently registe	red to vote at the Stre	eet Address you p	provided?	
⊙ Yes ⊂ No				
Note: If you answered "Note: If you answered "Note of the property of the prop	ocino County Reside		-	
Upload Alternate Proof of Residency or Requ Residency Waiver	est for			
Which Boards would you	ı like to apply for?			
Hopland Municipal Advisory	Council: Submitted			
Which position, seat, or	representational cate	gory would you p	refer?	
open				
Availability to Attend Med	etings			
None Selected				
Availability to Attend Med	etings (Other)			

## Interests & Experiences Special Expertise, Experience, or Interest in This Area? I have been a Hopland resident for 35 years. I was a business owner in downtown Hopland for almost 10 years. I have been in the Mendocino wine industry for the past 35 years, and recently have retired. I'm committed to seeing planned growth for our wonderful town of Hopland. Upload Additional Supporting Documents Upload Additional Supporting Documents Upload Additional Supporting Documents

## Certification

Please read the following statements and indicate your acceptance thereof.

I hereby certify that I am a resident in the State of California, County of Mendocino and am at least 18 years of age. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

✓ I Agree \*