**Solano County Special Districts Association**

**Application**

Note**:** Membership is currently free. There are no Chapter dues at this time.

Name of District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your district a member of the California Special Districts Association? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual who will serve as Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of individual who will serve as Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual who will serve as Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of individual who will serve as Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of membership requested? *Regular* or *Partner*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Eligibility for Regular Membership:* Any independent special district whose boundaries, in whole or in part, are within the [County/Counties/Region] of Solano County may become a regular member of the Chapter upon a majority vote of the regular membership and upon payment of annual Chapter dues (if applicable).

*Eligibility or Partner Membership*: Any dependent special district whose boundaries, in whole or in part, are within the County of Solano may become a partner member upon majority vote of the regular membership and payment of Chapter dues (if applicable).

In addition, any person, government agency or organization that has evidenced interest in the purposes and goals of the Chapter, but is not a special district as defined above, may also become a partner member upon approval of membership and payment of Chapter dues (if applicable).

If applicant is a non-special district, what are your interests and purposes in common with the Chapter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicant is a special district, what are your primary functions and what is your enabling legislation under state law? (Feel free to just provide a link to where this information is located on your district website)

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If applicant is a special district, what are the names of the current governing board members and the General Manager? (Feel free to just provide a link to where this information is located on your district website)

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**\*\*\*\*Required**: Special districts MUST pass a resolution by their governing boards requesting membership within six months of submitting an application for Membership. If the resolution is not passed within six months, districts may have their membership revoked.

**To submit this application, please email it to Chapter Secretary, Cammie Morin at** **cmorin@SIDWater.org****.**