



State of Emergency African American Task Force

MEMBERSHIP APPLICATION

Name: _____

Mailing Address: _____
City State zipcode

Business Address: _____
City State zipcode

Phone #: _____ / _____ Fax#: _____ / _____

Email address: _____

Community Affiliation: _____

Please give a brief description as to why you would like to be a member of the Alameda County African American Task Force:

Please give a brief description of what expertise that you can bring to the Task Force;

Please return completed applications to:
Bonnie Williams
Administrative Support of Alameda County African American Task Force
1069 12th Street – Oakland, Ca. 94607
Oakland, Ca. 94607
(510) 465-1875 (message)
www.aqaataskforce.org