



Citizens Advisory Committee Application

2 Year Term

Name _____ E-mail _____

Telephone (Day) _____ Telephone (Evening) _____

Home Address _____

City _____ State _____ Zip _____

Current Employment/Student Status _____

Occupation (former if retired) _____

Employer _____

Work Address _____

Work Telephone _____

School (if student) _____

Please list community groups you are affiliated with (volunteer, professional, etc.)

Will you commit to spending up to four hours a month on committee activities, including attending the monthly Citizens Advisory Committee meeting usually held the last Thursday of the month at 5:30 PM in Conference Room A at C-TRAN's Administrative Office?

Yes No

How did you learn about Citizens Advisory Committee membership? _____

Please describe what public transportation issues are of concern and importance to you:

continued on reverse...

