

APPLICATION FOR MEMBERSHIP ON THE TJPA CITIZENS ADVISORY COMMITTEE

City:	County:	Zip Code:	
Email:		Home Phone:	
Contact Phone:		Occupation:	
Employer:		Position:	
Ethnicity:(Voluntary Information)		Gender:(Voluntary Information)	
1. Daily Caltrain r 2. Daily AC Trans 3. Daily MUNI Rid 4. Local Resident 5. Local Business 6. Environmentalis 7. Member of a p 8. Representative 9. Bicycle advocat 10. Disabled advocat 11. San Francisco I 12. Regional Trans 13. Member of the of	ider into San Francit Transbay Rider ler on a line that start from District 6 (zing from District 6 (zing from District 6 (zing from labor ler ler ler ler ler ler ler ler ler le	r into San Francisco serves the Transit Center ip code 94105 or 94107) ip code 94105 or 94107) overnment non-profit organization	

Applicants who currently sit on another regional CAC that advises on matters relevant to the Transit Center will have priority for membership on the TJPA CAC. Check here if you are a member of another regional Citizens Advisory Committee. List CAC					
#2 #2		Member si	nce		
#3	Member since				
	Applicant's Qualificat hment to no more than		ou may attach a resume. Please		
Statement of Advisory Com		s/Goals if accepted for m	embership on the TJPA Citizens		
References	Name	E-mail	Phone		
1.					
2.					
applications sh	nould be submitted to the		of signature. Completed Authority via email <u>cac@tipa.org</u> 94105 by February 14, 2025.		
material provided not want your disclosed, ple information with the material provided not be a second or control of the material provided not be a second or control or cont	led in connection with r home address, tele ase indicate that fact ill be redacted from	provide in this application it, may be made available phone number, email at in the space below the publicly available copies (such as street name	e to the public. If you do ddress, or fax number ne signature line. The s. Where residence is		
SIGNATURE			DATE		
	outh				