

APPLICATION FOR MEMBERSHIP ON THE TJPA CITIZENS ADVISORY COMMITTEE

Name:(Please type or write legibly) Home Address:					
Email:		Home Phone:			
Contact Phone:		Occupation:			
Employer:		Position:			
Ethnicity:(Voluntary	Information)	_ Gender:(Voluntar	y Information)		

Affiliation(s) Please check at least one. Membership requires that you fit within one of the categories below.

Daily Caltrain rider into San Francisco
Daily AC Transit Transbay Rider into San Francisco
Daily MUNI Rider on a line that serves the Transit Center
Local Resident from District 6 (zip code 94105 or 94107)
Local Business from District 6 (zip code 94105 or 94107)
Environmentalist
Member of a planning or good-government non-profit organization
Representative from labor
Bicycle advocate
Disabled advocate
San Francisco based public transit advocate
Regional Transit advocate
Member of the citywide (San Francisco) business community
Member with expertise in real estate development or real estate finance

Please explain your qualifications with respect to the affiliation(s) you checked above.



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 h List CAC #2 #3		member of another regional Citizens Ad Member since Member since Member since			
Summary of Applicant's Qualifications for Membership (You may attach a resume. Please limit your attachment to no more than three pages):					
Statement o Advisory Cor		pjectives/Goals if accepted for member	rship on the TJPA Citizens		
References	Name	E-mail	Phone		
<u>2.</u>					
applications s	should be submit	b be active for one year from the date of ted to the Transbay Joint Powers Autho et, Suite 250, San Francisco, CA 9410	ority via email <u>cac@tjpa.org</u>		
Please note that the information you include in this application, and resumes and other material provided in connection with it, may be made available to the public. If you do not want a home address, telephone number, email address, or fax number disclosed, please indicate that fact in					

provided in connection with it, may be made available to the public. If you do not want a home address, telephone number, email address, or fax number disclosed, please indicate that fact in the space below the signature line. The information will be deleted from the publicly available copies. Where residence is relevant, a portion of the address (such as street name and zip code) may be disclosed.

SIGNATURE

DATE

Но	w did you hear about us?
	TJPA Website\Search Engine (Google, Yahoo, etc.)
	Email
	Newspaper
	Word of Mouth
	Social Media
	Other