

APPLICATION FOR MEMBERSHIP ON THE TJPA CITIZENS ADVISORY COMMITTEE

Home Address: City: County: Zip Code: Email: Home Phone: Contact Phone: Occupation: Employer: Position: Ethnicity: Gender: (Voluntary 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	Name:(Please type or write legibly)	
Email:	Home Address:	
Contact Phone: Occupation: Employer: Position:	County:	Zip Code:
Ethnicity: Gender:	Email:	Home Phone:
Ethnicity:	Contact Phone:	Occupation:
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Please explain your qualifications with respect to the affiliation(s) you checked above	Daily AC Transit Transbay Rider into S Daily MUNI Rider on a line that serves Local Resident from District 6 (zip code Local Business from District 6 (zip code Environmentalist Member of a planning or good-governr Representative from labor Bicycle advocate Disabled advocate San Francisco based public transit adv Regional Transit advocate Member of the citywide (San Francisco Member with expertise in real estate de	the Transit Center e 94105 or 94107) e 94105 or 94107) ment non-profit organization vocate b) business community evelopment or real estate finance

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 List CAC #2 #3		Member sine	Advisory Committee. ce ce ce		
Summary of Applicant's Qualifications for Membership (You may attach a resume. Please limit your attachment to no more than three pages):					
Statement of Advisory Com		ectives/Goals if accepted for me	embership on the TJPA Citizens		
References	Name	E-mail	Phone		
2.					
applications sl	hould be submitte	tive for one year from the date of ed to the Transbay Joint Powers A et, Suite 250, San Francisco, CA	Authority via email cac@tjpa.org		
material provious not want you disclosed, ple information w	ded in connection Ir home addrest ease indicate the rill be redacted	n you provide in this application, an with it, may be made available is, telephone number, email ad at fact in the space below the from publicly available copies. Idress (such as street name a	to the public. If you do dress, or fax number e signature line. The Where residence is		
SIGNATURE			DATE		
	er louth	ine (Google, Yahoo, etc.)			