

CITY OF SOUTH LAKE TAHOE RECREATION FACILITIES JOINT POWERS AUTHORITY



VOLUNTEER BICYCLE ADVISORY COMMITTEE APPLICATION

Please Legibly Print or Type

NAME:	FIRST	MIDDLE INITIAL	LAST	COMMITTEE AND/OR CATEGORY APPLYING FOR:	
RESIDENCE:	STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS:	P.O. BOX		CITY	STATE	ZIP CODE
RESIDENCY: (Please select one)					
CITY RESIDENT		EL DORADO COUNTY RESIDENT		DOUGLAS COUNTY RESIDENT STATE OF NEVADA RESIDENT	
PHONE NUMBER(S):	RESIDENCE:	BUSINESS:		EMAIL ADDRESS:	
EMPLOYER:					
EDUCATION/EXPERIENCE:					
PLEASE LIST ANY PAST OR PRESENT COMMUNITY INVOLVEMENT AND/OR GROUP AFFILIATIONS:					
WHAT DO YOU SEE AS THE RESPONSIBILITIES OF THIS COMMITTEE AND WHAT DO YOU HOPE TO ACCOMPLISH IF APPOINTED?					
Have you taken the opportunity to attend any previous commission meeting prior to the notice of this vacancy?					
YES NO					
Please list any potential conflict of interests that you may foresee if appointed to the Commission that you've applied:					

CERTIFICATE OF APPLICANT:					
I certify that all statements made in this application are true and complete. I understand that any false statement or omission of material facts will subject me to disqualification or dismissal.					
DATE: _____ SIGNATURE: _____					
Please note that the information provided on this application, including address, phone number and email address will become a matter of public record.					

WHEN COMPLETED RETURN FORM

TO: Office of the City Clerk
 Attn: Susan Blankenship - City Clerk
 1901 Lisa Maloff Way, Ste 206
 South Lake Tahoe, CA 96150-6324
 PH: (530) 542-6005
 sblankenship@cityofslt.us