



**CITIZENS ADVISORY COMMITTEE
MEMBERSHIP APPLICATION**

Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Mailing Address: *(If different from above)* _____

E-mail Address: _____

Place of residence: Duval County Clay County St. Johns County Nassau County

How long have you resided in this location? _____

Are you presently employed by a government agency? Yes No

Occupation _____

Outline your experience related to activities for this appointment?

Please list past civic and professional accomplishments or honors.

Can you attend the CAC monthly meetings? Yes No

If a membership vacancy is not available on the CAC, may we submit your application when one occurs? Yes No

Signature: _____

Date: _____

Submit to: North Florida Transportation Planning Organization
1022 Prudential Drive
Jacksonville, FL 32207
Fax: 904-306-7501