BICYCLE/PEDESTRIAN ADVISORY BOARD
APPLICATION

Please return to:

Metropolitan Transportation Planning Organization for the Gainesville Urbanized Area
c/o North Central Florida Regional Planning Council
2009 NW 67th Place
Gainesville, FL 32653-1603

NAME ________________________________________________
ADDRESS _____________________________________________
CITY/STATE/ZIPCODE __________________________________
EMAIL ________________________________________________
TELEPHONE (HOME) ________________________
(WORK) ________________________
(CELL) ________________________

HOW LONG A RESIDENT OF ALACHUA COUNTY? ______ YEARS
ARE YOU CURRENTLY AN ELECTED OFFICIAL? YES ______ NO ______

OCCUPATION _______________________________________________________________________

EDUCATION ________________________________________________________________________

TRAINING OR EXPERIENCE RELATED TO ACTIVITIES FOR THIS APPOINTMENT
__________________________________________________________________________________
__________________________________________________________________________________

PAST CIVIC AND PROFESSIONAL ACCOMPLISHMENTS OR HONORS
__________________________________________________________________________________
__________________________________________________________________________________

I will attend meetings in accordance with the adopted Bylaws of the Bicycle/Pedestrian Advisory Board. If at any time my business or professional interests conflict with the interests of this board or committee, I will not advocate for any projects or activities from which I may receive financial benefit. Should any business of this board or committee constitute a conflict of interest, I will declare a conflict of interest and submit a Conflict of Interest Form (Form 8B). Additional information on me may be secured from: (List three references - name, address, and telephone number)

__________________________________________________________________________________
__________________________________________________________________________________

Signature ________________________________________________

Additional information may be attached to this form