

**Application for Appointment
 Transportation Agency for Monterey County
 Bicycle and Pedestrian Facilities Advisory Committee**

Name of Applicant		
(last)	(first)	(mi)
Residence Street Address		
City:		Zip:
Telephone: Home		Work:
Are you a full-time paid officer or employee of local, state or federal government? No____ Yes____ If yes employer_____ position_____		
Education:		
Present Occupation:		
Please describe why you are interested in serving on this committee:		
Please describe other community activities that you have been involved in :		
Please sign_____		Date_____