

TRANSIT ADVISORY COMMITTEE
Applicant Information Form

Name: _____ Social Security No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____

Place of Employment/Job Title: _____

Which of the following are you eligible to represent? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> City Residents (Midland, TX) | <input type="checkbox"/> Business Community |
| <input type="checkbox"/> City Residents (Odessa, TX) | <input type="checkbox"/> Disabled Community |
| <input type="checkbox"/> Midland College | <input type="checkbox"/> Senior Citizens Community |
| <input type="checkbox"/> Odessa College | |

Do you have any vested interest that might conflict with the committee's function and/or purpose? _____

Present civic memberships: _____

Prior community service: _____

What expertise, skill, volunteer service, or knowledge will you bring to this committee? _____

Major accomplishments in this field or in related field: _____

Explain why you wish to serve: _____

Explain what you would like to accomplish: _____

Signature: _____ Date: _____

Mail to: MOUTD, P.O. Box 60808, Midland, TX 79711 or email to lelliott@ez-rider.org
