

Mason County Transit Advisory Board (MCTAB)



Application for Membership

DATE: _____

NAME: _____

ADDRESS: _____
CITY STATE ZIP

MAILING ADDRESS: _____
CITY STATE ZIP

PHONE: _____
HOME CELL WORK

EMAIL: _____

PREFERRED METHOD OF CONTACT (PLEASE CHECK): PHONE EMAIL

OCCUPATION: _____
IF RETIRED, PLEASE INDICATE FORMER OCCUPATION

HOW LONG HAVE YOU LIVED IN MASON COUNTY? _____

WHAT INTERESTS AND/OR SKILLS DO YOU WISH TO OFFER THE BOARD?

WHAT DO YOU PERCEIVE IS THE ROLE OR PURPOSE OF THE ADVISORY BOARD?

PLEASE LIST ANY FINANCIAL, PROFESSIONAL, OR VOLUNTARY AFFILIATIONS THAT MAY INFLUENCE OR AFFECT YOUR POSITION ON THIS BOARD (i.e. create conflict of interest)?

REALISTICALLY, HOW MUCH TIME CAN YOU COMMIT TO ADVISORY MEMBER DUTIES? (PLEASE CHECK BOX)
 DAILY WEEKLY MONTHLY QUARTERLY

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PLEASE NOTE GENERAL LOCATION OF RESIDENCE AND AREA IN WHICH YOU WILL BE PROVIDING REPRESENTATION FOR (PLEASE CHECK BOX THAT APPLIES):	
<input type="checkbox"/>	GREATER BELFAIR AREA
<input type="checkbox"/>	NORTH SHORE, TAHUYA PENNINSULA, OLD BELFAIR HWY, N. HWY 3 (up to Kitsap County)
<input type="checkbox"/>	SOUTH SHORE TO TWANOH FALLS, VICTOR, S. HWY 3, ALLYN, GRAPEVIEW LOOP, MASON LAKE
<input type="checkbox"/>	HWY 106 (Twanoh Falls to Hwy 101), ALDERBROOK, DALBY, UNION, SKOKOMISH RESERVATION
<input type="checkbox"/>	PICKERING RD, HARSTENE ISLAND, AGATE, TIMBERLAKES, SHORECREST
<input type="checkbox"/>	EMERALD LAKE, LAKE LIMERICK, BAYSHORE, JOHNS PRAIRIE RD
<input type="checkbox"/>	N. HWY 101 (up to Jefferson County), SKOKOMISH VALLEY RD, HOODSPORT, LILLIWAUP, ELDON
<input type="checkbox"/>	ARCADIA, COLE RD, LYNCH RD, KAMILCHE POINT, SQUAXIN ISLAND RESERVATION
<input type="checkbox"/>	S. HWY 101 (up to Thurston County), KAMILCHE, HURLEY WALDRIP RD, HWY 108
<input type="checkbox"/>	DAYTON, LAKE NAHWATZEL, MATLOCK, SCHAFFER STATE PARK (up to Grays Harbor County)
<input type="checkbox"/>	ISABELLA LAKE, CLOQUALLUM, LOST LAKE, START LAKE, BUCK PRAIRIE RD
<input type="checkbox"/>	GREATER SHELTON AREA

INDICATE THE VARIOUS TRANSIT USER GROUP(S) YOU FEEL YOU COULD REPRESENT (PLEASE CHECK ALL THAT APPLY)			
<input type="checkbox"/>	LOW INCOME	<input type="checkbox"/>	STUDENTS
<input type="checkbox"/>	SENIORS	<input type="checkbox"/>	MERCHANTS/BUSINESS
<input type="checkbox"/>	PERSONS WITH DISABILITIES	<input type="checkbox"/>	LANGUAGE/CULTURAL BARRIERS
<input type="checkbox"/>	WA CORRECTIONS VISITOR	<input type="checkbox"/>	TRANSIT DEPENDENT
<input type="checkbox"/>	COMMUTERS – NORTH/HWY 3 or HWY 101	<input type="checkbox"/>	TRANSIT RELATED (DRIVER, ETC)
<input type="checkbox"/>	COMMUTERS – SOUTH/HWY 101	<input type="checkbox"/>	SKOKOMISH INDIAN NATION
<input type="checkbox"/>	SQUAXIN ISLAND NATION	<input type="checkbox"/>	OTHER:

SIGNATURE: _____

APPLICANT

DATE

PLEASE RETURN COMPLETED APPLICATION TO: Mason Transit, ATTN: MCTAB, 790 East Johns Prairie Road, Shelton, WA 98584

*****FOR OFFICE USE ONLY*****

Visit Scheduled: _____

Appointed to Board: _____

Membership Renewal: _____

Date Resigned: _____