

Non-Voting Adviser to MTA Authority Board



Application to Serve

DATE: _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

ZIP

CITY

STATE

ZIP

CITY

STATE

PHONE: _____

HOME

CELL

WORK

EMAIL: _____

PREFERRED METHOD OF CONTACT (PLEASE CIRCLE):

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 TO THE AUTHORITY BOARD?

WHAT DO YOU PERCEIVE IS THE ROLE OR PURPOSE OF THE CITIZEN ADVISER TO THE AUTHORITY BOARD?

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



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REALISTICALLY, HOW MUCH TIME CAN YOU COMMIT TO ADVISER DUTIES? (PLEASE CHECK BOX)

DAILY WEEKLY MONTHLY QUARTERLY

WHY DO YOU WANT TO SERVE AS THE CITIZEN ADVISER TO THE AUTHORITY BOARD?

SIGNATURE: _____
APPLICANT DATE

PLEASE RETURN COMPLETED APPLICATION TO: Mason Transit Authority, 106 West Franklin Street, Shelton, WA 98584 ATTN: Board Clerk

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

Visit Scheduled: _____

Appointed to Serve: _____

Renewal: _____

Date Resigned: _____