



CITIZENS ADVISORY COMMITTEE Membership Registration

Applicant Name: _____
(First) (Last) (Middle Initial)

Home Address: _____
(Residence - No P.O. Boxes)

Work Address: _____

Phone: (Work) _____ **(Home)** _____

Email Address: _____

Please list any community organizations and/or neighborhood associations to which you belong: _____

Are you the designated representative of a community organization and/or neighborhood association: Yes ___ No ___ **Please indicate which one.** _____

Signature: _____ **Date:** _____