



TRANSBAY JOINT POWERS AUTHORITY

Marla Ayerdi-Kaplan • Executive Director

APPLICATION FOR MEMBERSHIP ON THE TJPA CITIZENS ADVISORY COMMITTEE

Name: _____
(Please type or write legibly)

Home Address: _____

City: _____ County: _____ Zip Code: _____

Email: _____ Home Phone: _____

Other Phone (work/cell): _____ Occupation: _____

Employer: _____ Position: _____

Ethnicity: _____ Gender: _____
(Voluntary Information) (Voluntary Information)

Affiliation(s) Please check at least one.

Membership requires that you fit within one of the categories below.

- ☐ Daily Caltrain rider into San Francisco
- ☐ Daily AC Transit Transbay Rider into San Francisco
- ☐ Daily MUNI Rider on a line that terminates or passes through the Transbay Terminal
- ☐ Local Resident from District 6 (zip code 94105 or 94107)
- ☐ Local Business from District 6 (zip code 94105 or 94107)
- ☐ Environmentalist
- ☐ Member of a planning or good-government non-profit organization
- ☐ Representative from labor
- ☐ Bicycle advocate
- ☐ Disabled advocate
- ☐ San Francisco based public transit advocate
- ☐ Regional Transit advocate
- ☐ Member of the citywide (San Francisco) business community
- ☐ Member with expertise in real estate development or real estate finance

Please explain your qualifications with respect to the affiliation(s) you checked above.

Applicants who currently sit on another regional CAC that advises on matters relevant to the Transbay Transit Center will have priority for membership on the TJPA CAC.

☐ Check here if you are a member of another regional Citizens Advisory Committee.

List CAC	_____	Member since	_____
#2	_____	Member since	_____
#3	_____	Member since	_____

Summary of Applicant's Qualifications for Membership (You may attach a resume. Please limit your attachment to no more than three pages):

Statement of Applicant's Objectives/Goals if accepted for membership on the TJPA Citizens Advisory Committee:

References

Name	E-mail	Phone
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1. _____

2. _____

Applications are considered to be active for one year from the date of signature. Completed applications should be submitted to the Transbay Joint Powers Authority, 201 Mission Street, Suite 2100, San Francisco, CA 94105 or via e-mail to TJPACAC@transbaycenter.org

Please note that the information you include in this application, and resumes and other material provided in connection with it, may be made available to the public. If you do not want a home address, telephone number, email address, or fax number disclosed, please indicate that fact in the space below the signature line. The information will be deleted from the publicly available copies. Where residence is relevant, a portion of the address (such as street name and zip code) may be disclosed.

SIGNATURE

DATE