

APPLICATION FOR MEMBERSHIP CITY OF AUSTIN BICYCLE ADVISORY COUNCIL

Name:

Address:

City: State: Zip:

Preferred Phone: Other Phone:

E-mail Address:

Date of Birth (must be at least 18):

Occupation: Employer:

1. Do you reside or work within City of Austin boundaries? No Yes
(Only those that live or work within the City of Austin are eligible for membership.)
2. Education (Schools attended, degrees earned, training received):
3. Do you currently hold elective office? No Yes:
4. Affirmative Action information: This information is voluntary, and is being collected both for statistical reporting purposes and to assure diversity on the Bicycle Advisory Council.
 Male Female Racial/Ethnic Background:
5. List any major paid employment and volunteer activities, which may relate to service on the Bicycle Advisory Council: Dates (from/to) Employer/Volunteer Activities Responsibilities
6. Do you have any special skills or experience that will help you as a member of the Bicycle Advisory Council?
7. Why do you want to serve on the Bicycle Advisory Council?
8. List names, addresses, and phone numbers of two people who may be contacted as references:

9. Describe your bicycle use (check all that applies):

- I bike for transportation year-round
- I bike for transportation in good weather
- I am a regular recreational rider
- I occasionally ride for fun and/or exercise
- I bike with my family
- I seldom ride my bike
- Other: _____

10. Additional comments:

**Please return completed application form either by email,
mail or in person by 5:00 PM WEDNESDAY SEPTEMBER 30TH**

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