



## Citizens Advisory Committee Membership Application

## **PLEASE TYPE OR WRITE LEGIBLY**

Name:			
City:		State:	Zip:
If you are employed:			
Employer:			
Occupation:			
information. This is voluntar still consider your application	ry information. If you op on:		raphic questions below, we will
business, Ben Franklin Bridç	ge Walkway user, etc.)		bridge neighbor, PATCO neighbor,
How often do you ride PATC	:0? 🗖 Daily 🗖 Twice	e a week □ Never □ Other:_	
·	·		ever 🗆 Other:
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## Applicant's Qualifications for Membership: Please explain why you want to serve on the committee and what unique experience and skill-set you will bring. Please limit your response to three (3) typed pages and feel free to attach a copy of your resume. Describe issues you believe the CAC should address: Statement of objectives/goals if accepted for CAC membership: Applications are considered active for two years from date of signature. Questions? Please call DRPA Customer Service at (856) 968-2000 or (215) 218-3750 Please return completed application to: **Attn: Customer Service** DRPA PO Box 1949

Signature Date

One Port Center, 2 Riverside Drive

Camden, NJ 08101

APPLICANTS MAY NOT BE DRPA/PATCO EMPLOYEES OR MEMBERS OF THEIR IMMEDIATE FAMILY. APPLICANTS ALSO MAY NOT BE RELATED TO MEMBERS OF THE BOARD, OFFICERS, OR COUNSEL TO THE BOARD. CONTRACTORS OR VENDORS OF THE DRPA/PATCO MAY CONSTITUTE A CONFLICT OF INTEREST, AND WILL THEREFORE NOT BE ELIGIBLE FOR MEMBERSHIP ON THE COMMITTEE.