

**CITY OF POMPANO BEACH
COMMUNITY REDEVELOPMENT AGENCY
ADVISORY COMMITTEE APPLICATION**

West District **East District**

Community Redevelopment Agency
Post Office Drawer 1300
Pompano Beach, Florida 33061

Phone No. (954) 786-4659
Facsimile No. (954) 786-5534

IN ORDER TO ASSIST THE BOARD OF THE POMPANO BEACH COMMUNITY REDEVELOPMENT AGENCY IN MAKING ADVISORY COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF APPLICANT: _____

RESIDENCY ADDRESS: _____

ZIP CODE: _____ HOME PHONE NO.: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

ARE YOU A CITY RESIDENT? YES: _____ NO: _____

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1___ 2___ 3___ 4___ 5___

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES: _____ NO: _____

ARE YOU A REGISTERED VOTER? YES: _____ NO: _____

BUSINESS OR OCCUPATION: _____

BUSINESS ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____ BUSINESS PHONE NO: _____

ARE YOU PRESENTLY SERVING ON ANY CITY BOARDS OR COMMITTEES? _____

IF YES, PLEASE LIST NAME: _____

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION, WHICH WOULD QUALIFY YOU TO SERVE ON THIS ADVISORY COMMITTEE*: _____

*** If you are applying for one of the "technical appointments", additional pages may be attached to provide a more in-depth description of your professional/technical background.**

EDUCATION: _____

EXPERIENCE: _____

CURRENT POSITION: _____

PAST POSITIONS: _____

HOBBIES: _____

MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CRA BOARD OF DIRECTORS:

SIGNATURE OF APPLICANT

DATE OF APPLICATION

INITIALS OF BOARD SECRETARY

DATE RECEIVED OR CONFIRMED

NOTE: IF YOU ARE APPOINTED TO SERVICE ON THIS COMMITTEE AND YOU NO LONGER WISH TO SERVE ON THE COMMITTEE, PLEASE EITHER CHECK HERE _____ AND RETURN TO THE BOARD SECRETARY, OR NOTIFY THE COMMUNITY REDEVELOPMENT AGENCY IN WRITING OF YOUR DESIRE NOT TO SERVE.

THIS SECTION MUST BE COMPLETED BY THE CRA BOARD SECRETARY ONLY

NUMBER OF MEETINGS HELD: _____ NUMBER OF MEETINGS ATTENDED: _____