



**MUNICIPALITY OF ANCHORAGE**

**Planning Department**

**Transportation Planning Division**

Permit & Development Center, 4700 Elmore Road

P.O. Box 196650, Anchorage, AK 99519-6650

voice (855)925-2801 code:4562

e-mail: amats\_community@PublicInput.com

**AMATS COMMUNITY ADVISORY  
COMMITTEE MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_

Assembly District: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business/Cel phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you presently employed by a government agency?      Yes      No

If yes, which one? \_\_\_\_\_

Occupation \_\_\_\_\_

Outline your relevant experience for this appointment:

Outline your reasons for wanting to be involved in this committee:

Can you attend the CAC quarterly meetings?      Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your resume or bio.