

**SPLOST 2020 ADVISORY COMMITTEE APPLICATION**

**Application Deadline: July 1, 2019**

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact phone number and alternate number - Cell: \_\_\_\_\_

Other: \_\_\_\_\_

If applying as a county representative, which district? \_\_\_\_\_

If applying as a city representative, which city? \_\_\_\_\_

Have you voted in at least three of the last four elections? \_\_\_\_\_

Are you currently an elected official or planning to run for office during the time of this committee? \_\_\_\_\_

In a couple of sentences, please tell us about yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In a couple of sentences, please indicate why you wish to be selected for the SPLOST advisory committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you commit to attending all committee meetings barring any unforeseen emergencies:

\_\_\_\_\_

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

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