Northeast Oregon Public Transit
Union County Advisory Council

Application for Membership

Name_____________________________________________  Phone____________________

Address____________________________________________________________

Email address: __________________________________________________________________

I am seeking to represent (please check all that apply):

☐ Passengers with Disabilities  ☐ Fixed Route Passengers

☐ Eastern Oregon University  ☐ Bicycle/Pedestrian Community

☐ Bedroom Communities (must reside in zip code 97827 or 97883)

☐ Minority Populations (please identify: ________________________________)

☐ Business Community (must own or be appointed by a business in Union County)

☐ Low Income Community (household income must be 125% of poverty or below or
must reside in a census tract where the poverty rate is 20% or more)

☐ Member at Large (does not fit into one of the above listed classes)

Which best describes how often you use Public Transit in Union County?

☐ Daily  ☐ Weekly  ☐ A few times per month  ☐ A few times per year

☐ Rarely  ☐ Never
Please describe your community activities and areas of interest
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please describe your previous and current leadership experiences
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please describe education or work experience you think may be useful to your service:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are you willing to devote an average of three hours per month to Council activities
(attending meetings, reading Council packets, consulting with staff, etc.)?

_______Y _______N

Please check one of the following:

_______ I have reviewed the by-laws and am comfortable with my understanding of
Council duties.

_______ I have read the by-laws and am interested, but would like more information.

Please provide any other information that may be useful to the nomination committee:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________