

**Application for
Harrisonburg Transportation Safety & Advisory Commission's
Bicycle & Pedestrian Subcommittee**

Name: _____ Date: _____

Address: _____

Phone Number: _____ Work: _____

Employment/Volunteer Work Information

Current (or most recent employer/Volunteer Organization) Company:

Your Position: _____

Duties: _____

Education Information

High School: _____

College: _____

Major/Minor/Specialty Study: _____

Please indicate below why you wish to serve on the Bicycle & Pedestrian Subcommittee, or list any other information that may indicate your interest in an appointment by the Transportation Safety & Advisory Commission. Attach additional pages if needed.
