## **Alliance for Community Transportation (ACT)**

Working to expand affordable and efficient community transportation in Southeast New Hampshire

## **APPLICATION**Citizen Membership

## Please Print Clearly in the Unshaded Spaces

Name:						
Residential Address		Street::				
		City/State/Zip:				
Mail Address		Street:				
		City/State/Zip:				
			Email Address	s:		
Have you reviewed the ACT Bylaws?					Yes	No
Are you affiliated with any ACT-member organizations?					Yes	No
Do you realize ACT members meet monthly, typically in Dover?					Yes	No
Do you realize Citizen Members serve a 2-year term?					Yes	No
Do you realize that Citizen Members may not designate an alternate?					Yes	No
letter of interes	t describing	why you're	intereste	d in	Please consider serving and what ss) to transportat	
Signature					Di	ate
		FOR A	ACT US	SE (	ONLY:	
Application Received by Staff				Date:		
Application Received by Secretary				Date:		
					D	
Membership C Review:	ommittee	Date			Recomme Deny	ndation: Forward to Members
•		Date Date				

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Reasonable accommodation will be made for persons with disabilities to participate.