

**LAKE~SUMTER METROPOLITAN PLANNING ORGANIZATION
BICYCLE & PEDESTRIAN ADVISORY COMMITTEE
GENERAL APPLICATION**

Mr. Ms. Name: _____ Date: _____

Home Mailing Address: _____

Home Physical Address: _____

County of Residence: _____ Home Phone: _____

E-mail Address: _____

Business (Name & Type): _____

Business Address: _____

Business Phone: _____ Position: _____

Training or experience related to activities of the Bicycle & Pedestrian Advisory Committee to which appointment is sought:

Professional Organizations:

Have you served on the Bicycle & Pedestrian Advisory Committee in the past?

Yes No Dates Served: _____