

Thank you for your interest in serving on the BRTB's Bicycle Pedestrian Advisory Group (BPAG). Please complete the application and return to the address on page 2.

Name: _____
Address: _____

Phone: [H] _____ [W] _____ [Cell] _____
Fax: _____
Email: _____
County or City of Residence: _____

BACKGROUND/INTERESTS

Please describe those facets of your background / experience which you feel may be useful for your participation on the BPAG [Include personal and professional experience, degrees, skills, training, certification, licenses, etc.]

Do you require any special accommodations to enable your attendance? If so, please specify:

ORGANIZATIONAL INFORMATION

If you are representing an organization, please complete the following:

Organization Name: _____
Mailing address: _____

Website: _____

Does this organization represent any of the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Motorcycle/Motor Scooter |
| <input type="checkbox"/> Bicycle/Pedestrian | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Community | <input type="checkbox"/> Real Estate/Development |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Roadways/Highways |
| <input type="checkbox"/> Faith-based Organizations | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Fixed/Low-income | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Freight | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Labor | |
| <input type="checkbox"/> Minorities (Please specify) _____ | |
| <input type="checkbox"/> Other (Please specify) _____ | |

Is this organization (Please check all that apply):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> For-Profit | <input type="checkbox"/> Community/Neighborhood |
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional | |
| <input type="checkbox"/> Special Interest (please specify) _____ | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Does this organization focus upon or represent citizens in the following areas? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Annapolis | <input type="checkbox"/> Baltimore City |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Carroll County | <input type="checkbox"/> Harford County |
| <input type="checkbox"/> Howard County | <input type="checkbox"/> Other (please specify) _____ | |

Alternate Information: If you are unable to attend a meeting, who will be representing you/your organization?

Name: _____
 Phone: _____
 E-mail: _____

Note: The voting citizen member is appointed for a two-year term. Attendance is expected.

Please return applications via mail, e-mail, or fax to:

Amber Blake, Transportation Planner
 Baltimore Metropolitan Council | 2700 Lighthouse Point East, Suite 310 | Baltimore, MD 21224
 Email: ablake@baltometro.org | Fax: 410-732-8248