



**COMMUNITY DEVELOPMENT BLOCK GRANT  
CITIZENS ADVISORY COMMITTEE**

**APPLICATION FOR MEMBERSHIP**

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Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

(Information may be completed on a separate sheet.)

1. List any community or nonprofit agency affiliations you now have or have had in the past five years.

**Organization**

**Position/Title**

**Dates**





