



Application for Membership to the Citizen Advisory Committee

Please fill out this application using a typewriter or dark ink. Incomplete applications will be returned. Call OahuMPO at 587-2015 if you have any questions or require assistance in filling out this application.

Organization Information:

1. Full Name of Organization:

2. Organization Mailing Address:

2a. Street Address: _____

2b. City: _____ 2c. Zipcode: _____

3. Organization Contact Information:

3a. Street Address(if different from above): _____

3b. City: _____ 3c. Zipcode: _____

3d. Phone Number: _____ 3e. Fax Number: _____

3f. E-mail/Website: _____

4. Name of Organization's Presiding Officer (e.g., Chair, President):

4a. Last Name: _____

4b. First Name: _____ 4c. Title: _____

5. Please list Affiliations with National or International Organizations:

Why does this organization want to become a member?

Representative Information

Person who will be representing this organization at meetings

6. Representative Name:

6a. Last Name: _____

6b. First Name: _____ 6c. Title: _____

7. Representative Mailing Address:

7a. Street Address: _____

7b. City: _____ 7c. State: _____ 7d. Zip: _____

8. Representative Contact Information:

8a. Day Phone: _____ 8b. Evening Phone: _____

8c. Fax Number: _____ 8d. E-mail: _____

Alternate Information

Person who will be representing this organization at meetings when the representative is not able to attend

Please use additional sheets if you would like to designate more than one alternate

9. Alternate Name:

9a. Last Name: _____

9b. First Name: _____ 9c. Title: _____

10. Alternate Mailing Address:

10a. Street Address: _____

10b. City: _____ 10c. State: _____ 10d. Zip: _____

11. Alternate Contact Information:

11a. Day Phone: _____ 11b. Evening Phone: _____

11c. Fax Number: _____ 11d. E-mail: _____

Additional Information:

This section must be completed, per section II.C of the *Bylaws of the CAC*. Answers will be used for statistical reporting purposes. For more information on how this information will be used, please contact OahuMPO at 587-2015.

1. Does this organization focus upon or represent citizens in the following areas?

- | | | | |
|----------------------------------|--|-----------------|--|
| a. Windward Oahu | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Leeward Oahu | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Central Oahu | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. East Oahu | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Downtown Honolulu | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. North Shore? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Other (please specify): _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are this organization's meetings open to the public? (check one):

- a. Yes b. No c. By Invitation

3. How often does this organization hold regular meetings (e.g., monthly)?

4. What is the current membership

(Approximate number of members is okay)? _____

5. Does this organization represent any of the following populations served by the transportation system?

- | | | | |
|--|--|------------------------|--|
| a. Age 65 or over | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Mobility challenged | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Fixed/low income | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Hearing impaired | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Freight movers | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Visually impaired | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Children | <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Homeless | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Minorities (non-white) specify: _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Please rank the importance of these issues for this organization (circle number):
1 = very high importance 10 = low importance

- a. Roadways..... 1 2 3 4 5 6 7 8 9 10
- b. Transit 1 2 3 4 5 6 7 8 9 10
- c. Traffic Congestion 1 2 3 4 5 6 7 8 9 10
- d. Improving Mobility 1 2 3 4 5 6 7 8 9 10
- e. Pedestrian/Bicycle Issues 1 2 3 4 5 6 7 8 9 10
- f. Expanding Transportation Options 1 2 3 4 5 6 7 8 9 10
- g. Environmental Impacts of Transportation Projects 1 2 3 4 5 6 7 8 9 10
- h. Freight Movement 1 2 3 4 5 6 7 8 9 10
- i. Transit-oriented Developments 1 2 3 4 5 6 7 8 9 10
- j. Complete Streets 1 2 3 4 5 6 7 8 9 10
- k. Other (specify): _____ 1 2 3 4 5 6 7 8 9 10

7. Is this organization:

- a. Non-Profit Yes No
- b. Professional Yes No
- c. Neighborhood Board Yes No
- d. Private Yes No
- e. Community Yes No
- f. Government Yes No
- g. Special Interest/Other (specify): _____ Yes No

8. Is there anything else you would like to share about this organization?

Thank you for taking the time to fill out this application. Please submit this application along with your cover letter to:

Oahu Metropolitan Planning Organization
707 Richards Street, Suite 200
Honolulu, Hawaii 96813-4623
Fax: 587-2018 E-mail: oahmpo@oahumpo.org