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:

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:

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 □ Yes □ No  
   b. Leeward Oahu □ Yes □ No  
   c. Central Oahu □ Yes □ No  
   d. East Oahu □ Yes □ No  
   e. Downtown Honolulu □ Yes □ No  
   f. North Shore? □ Yes □ No  
   g. Other (please specify): ____________________________________________________________________________________ □ Yes □ 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 □ Yes □ No  
   b. Mobility challenged □ Yes □ No  
   c. Fixed/low income □ Yes □ No  
   d. Hearing impaired □ Yes □ No  
   e. Freight movers □ Yes □ No  
   f. Visually impaired □ Yes □ No  
   g. Children □ Yes □ No  
   h. Homeless □ Yes □ No  
   i. Minorities (non-white) specify: ____________________________________________________________________________________ □ Yes □ 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