



Citizens Advisory Committee  
401 N. Morton St.  
P.O. Box 100  
Bloomington, Indiana 47402  
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## MEMBERSHIP APPLICATION

### *MPO Citizens Advisory Committee*

**Applicant Name:**

(first name)

(last name)

(middle initial)

**Home Address:**

(residence only -  
no P.O. boxes)

**Work Address:**

**Phone:**

(work)

(home)

**Email Address:**

**Please list any community organizations and/or neighborhood associations to which you belong:**

**Are you the designated representative of a community organization and/or neighborhood association?**    **YES**        **NO**        **Please indicate which one(s):**

**I understand that all applicants must attend three consecutive meetings in order to become a voting member.**

**Before applying to join as a member of the MPO's CAC Committee, you can read about the committee, bylaws, and the city's electronic meeting policy resolution, at the following web page: <https://bloomington.in.gov/boards/mpo-citizens>.**

**Signature:**

**Date:**