



The Metropolitan Planning Organization for the Greater Kalamazoo Area

5220 Lovers Lane, Suite 110
Portage, MI 49002
269-343-0766
info@KATSmpo.org

Citizen Advisory Committee Application

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #
City State ZIP Code

Home Phone: Email Address:

Do you reside in the Metropolitan Area Boundary? Yes No

Are you employed in the Metropolitan Area Boundary? Yes No

Occupation: Employer:

Do you attend school in the Metropolitan Area Boundary? Yes No

School:

Please indicate information (experience, education, community activities, organizations, special interest groups, etc.) the Policy Committee should be aware of when considering your appointment to the KATS Citizen Advisory Committee. Use additional paper and include a resume if you wish.

Three horizontal lines for providing additional information.

Are there any reasons you might have a conflict of interest if you were appointed to the KATS Citizen Advisory Committee? Yes No If yes, please explain:

Three horizontal lines for explaining potential conflicts of interest.

Signature of Applicant:

Date:

## Voluntary Information

The following information is requested to help determine whether application information for the Kalamazoo Area Transportation Study Citizen Advisory Committee is reaching all segments of the Metropolitan Area Boundary. The following information is optional, and you will not be penalized if you do not complete this section. Please check as appropriate.

### Racial or Ethnic Group

- |                                                  |                                                 |                                                 |
|--------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Other                  |

### Gender

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

### Age

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 16-21 | <input type="checkbox"/> 22-34 | <input type="checkbox"/> 35-44 |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 64 +  |

Please return your application by mail or e-mail to:

Mail: Kalamazoo Area Transportation  
Study 5220 Lovers Lane, Suite 110  
Portage, MI 49002

Email: [mmickelson@katsmpo.org](mailto:mmickelson@katsmpo.org)

Thank you for your interest in serving the Kalamazoo Area Transportation Study.

### FOR OFFICE USE ONLY:

Date Received:

Date Distributed to KATS Policy Committee:

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