PORT
OF TILLAMOOK BAY

BUDGET COMMITTEE MEMBER APPLICATION

In accordance with ORS 294.336

NAME: _____

RESIDING ADDRESS: _____

_____

_____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

ARE YOU A REGISTERED VOTER WITHIN THE DISTRICT OF THE PORT OF TILLAMOOK BAY?

YES_____ NO_____

PLEASE DESCRIBE ANY EXPERIENCE YOU MAY HAVE THAT MAY BE A BENEFIT REGARDING SERVING ON THIS COMMITTEE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your interest in the Port of Tillamook Bay.

DATE RECEIVED: _____

RECEIVED BY: _____