



CITIZENS ADVISORY NETWORK Application

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

EMAIL: _____

PHONE: _____ CELL: _____

OCCUPATION/EMPLOYER: _____

NAME OF SCHOOL (if student): _____

Do you currently use BFT services? Yes No

(If yes) How often?

Frequently (*weekly*) Sometimes (*monthly*) Rarely (*1-4x year*)

(If yes) Which mode do you use? (Check all that apply)

Dial-A-Ride Vanpool CONNECT Regular Transit



CITIZENS ADVISORY NETWORK Application

REPRESENTATIVE INTEREST (MARK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> Fixed-Route Rider | <input type="checkbox"/> Ethnic Community Organization |
| <input type="checkbox"/> Dial-A-Ride Rider | <input type="checkbox"/> Retired Transit |
| <input type="checkbox"/> Vanpool/Contracted Services | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Business/Chamber of Commerce | <input type="checkbox"/> Educational Agency Representative |
| <input type="checkbox"/> Human Service Organization | <input type="checkbox"/> Economic Development/Tourism |
| <input type="checkbox"/> Medical Community Representative | <input type="checkbox"/> Bicycling/Pedestrian Advocate |
| <input type="checkbox"/> Mental Health Organization | <input type="checkbox"/> Clean Air/Good Roads/
Energy Advocate |
| <input type="checkbox"/> Major Employer Representative | <input type="checkbox"/> Student Rider/High School & College |

Why do you believe you are qualified to represent this segment of the community?

If you are interested in becoming a member of the BFT Citizens Advisory Network, please complete and submit an application to marketing@bft.org or mail to Ben Franklin Transit at the address below. If you would like assistance, call us at 509-735-5100.

PAGE 2

BEN FRANKLIN TRANSIT

7109 W. Okanogan Pl. | Kennewick, WA 99336 | (509) 735-5100 | Fax (509) 734-5195