



**BEN FRANKLIN  
TRANSIT**

# 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)

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

Regular Fixed-Route Transit  Dial-A-Ride  Rideshare (Vanpool)  CONNECT

*If you are interested in becoming a member of the **Ben Franklin Transit Citizens Advisory Network**, please complete and submit this application to [marketing@bft.org](mailto:marketing@bft.org) or mail to Ben Franklin Transit at the address below. If you need assistance, call us at 509-735-5100.*

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



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## REPRESENTATIVE INTEREST (CHECK ALL THAT APPLY)

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

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

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*Thank you for your interest in serving on the BFT Citizens Advisory Network. Applicants may be contacted by the CAN Nominating Committee for an interview.*