



**PORT AND COMMERCE ADVISORY BOARD (PACAB)
APPLICATION**

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

HOME TELEPHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

LENGTH OF RESIDENCY IN THE SEWARD AREA: _____

PRESENTLY EMPLOYED AS: _____

List any special training, education or background you have which may help you as a member of the Board: _____

Have you ever been involved in port operations? If so, briefly describe your involvement:

I am specifically interested in serving on the Port and Commerce Advisory Board because:

Have you ever served on a similar board elsewhere? Yes No

If yes, where? _____ When? _____

Are you available for meetings at noon (first Wednesday of each month)? Yes No
Hiatus in June, July, and August (does not meet in these months)

Are you available for work sessions at noon (third Wednesday of each month)? Yes No
Hiatus in June, July, and August (does not meet in these months)

SIGNATURE

DATE