

San Francisco Bay Area Rapid Transit District Business Advisory Council

Membership Application for 2019-2021

Applicant Name:					
Community Based Organizat	ion (CBO) Affilia	ation:			
County Served by CBO:					
Title:					
Employer:					
Employer Address:					
Work Phone:	Fax:		Email:		
Does your organization repre	esent any (or all)) of the followir	g population grou	ps?	
Minority V	Vomen	Both	Sma	II	
Area of Expertise (Check all	that apply):				
Construction	Services		Procu	Procurement	
Policy Development	Business (Outreach	Busin	ess Advocacy	
Are you willing to be an alter	nate Committee	member?	Yes	No	
How did you hear about the I	3usiness Adviso	ory Council?			
from, or hold a position as of entity that is working on, bidd	ficer, director, pa ling on or planni	artner, employ ing to bid on, E	ee, or any position BART projects?	stment interest in, receive income of management in any firm or No	
*A 'Yes' response will not eliminate you	from the Advisory Co	ommittee selection p	rocess.		
Please send your application describing your interest to: 0 facsimile: (510) 874-7470 or	Office of Civil Rig	ghts, 300 Lake			
Signature					