



San Francisco Bay Area Rapid Transit District

Business Advisory Council

Membership Application for 2017-2019

Applicant Name: _____

Community Based Organization (CBO) Affiliation: _____

County Served by CBO: _____

Title: _____

Employer: _____

Employer Address: _____

Work Phone: _____ Fax: _____ Email: _____

Does your organization represent any (or all) of the following population groups?

___ Minority ___ Women ___ Both ___ Small

Area of Expertise (Check all that apply):

___ Construction ___ Services ___ Procurement
___ Policy Development ___ Business Outreach ___ Business Advocacy

Are you willing to be an alternate Committee member? ___ Yes ___ No

How did you hear about the Business Advisory Council?

Do you, your spouse, domestic partner, or dependent children have any investment interest in, receive income from, or hold a position as officer, director, partner, employee, or any position of management in any firm or entity that is working on, bidding on or planning to bid on, BART projects? ___ Yes ___ No

**A 'Yes' response will not eliminate you from the Advisory Committee selection process.*

Please send your application and cover letter to: Office of Civil Rights, 300 Lakeside Drive, 16th Floor, Oakland, CA 94612, facsimile: (510) 874-7470 or email to fflores@bart.gov.

Signature