



GATEWAY TO THE NATION'S CAPITAL
A UNIQUE EXPERIENCE. DISCOVER US.

Capitol Heights Advisory Committee Membership Application Form

The Capitol Heights Advisory Committee (CHAC) was formed by the Town of Capitol Heights Mayor and Council to advise and make recommendations to it on the strategic direction of the Town. The CHAC will assist the Mayor and Council in their efforts to remain responsive to residents and community needs. The CHAC's purpose is to enable residents, which will comprise a majority of it, to take an active role in improving our Town. All interested in applying for CHAC membership should complete this form and return it to the Town Clerk at the Town Hall at 1 Capitol Heights Blvd, Capitol Heights, Maryland 20743.

FIRST NAME MI LAST NAME

ORGANIZATION/AFFILIATION(IF APPLICABLE)

TELEPHONE EMAIL ADDRESS

MAILING ADDRESS CITY ZIP COUNTY

What is your membership category (check all that apply):

- Resident – you are currently a registered voter or a homeowner in the Town of Capitol Heights
- Business Owner
- Community Leader
- Community Organization:

The CHAC meets regularly on the first Tuesday of each month from 7p.m. – 9p.m. Are you able to attend?

Yes _____

No _____

Please tell us about yourself. Please write about your background and participation in other community forums, public planning processes, advisory councils, etc...

Please tell us why you want to be on the CHAC. What will your background or interests offer to the team?

Are you currently a member of other advocacy committees or councils? If so, please list each and describe your role.

Do you need transportation, interpretation or any special accommodations?

References: Please list two or three people below who can tell us about what you would contribute to the Capitol Heights Advisory Committee.

1. _____

FIRST NAME MI LAST NAME

ORGANIZATION/EMPLOYER (IF APPLICABLE) TELEPHONE EMAIL ADDRESS

2. _____

FIRST NAME MI LAST NAME

ORGANIZATION/EMPLOYER (IF APPLICABLE) TELEPHONE EMAIL ADDRESS

3. _____

FIRST NAME MI LAST NAME

ORGANIZATION/EMPLOYER (IF APPLICABLE) TELEPHONE EMAIL ADDRESS

SIGNATURE OF APPLICANT _____ DATE: _____