

**PORT OF UMPQUA
BOARD OF COMMISSIONERS APPLICATION FORM**

NAME _____

MAILING ADDRESS _____

STREET ADDRESS IF DIFFERENT _____

PHONE (H) _____ (W) _____

1. (a) Do you reside within the Port District? _____
(b) Are you registered to vote in the Port District? _____
2. Number of year(s) you have lived in the area? _____
3. Would you be able to attend at least 1 to 2 evening meetings per month? _____
4. Are you aware that Commissioners may have to devote considerable time at home for study and analysis of Port issues? _____
5. Can you foresee any potential conflicts of interest that would prevent you from making impartial decisions. Please explain: _____

6. Would you be willing to represent the Port at out-of-town meetings? _____
7. What is your occupation? _____
8. What previous Port-related experience do you have? _____

9. Please give a brief statement explaining why you desire to participate in Port activities and projects. _____

10. Give a brief explanation as to why you should be appointed to the Port Commission. _____

11. What qualifications do you possess that would benefit the Port of Umpqua. _____

12. Please list 3 references(include addresses and phone numbers) _____

