



## ADVISORY COMMITTEE APPLICATION

### CONTACT INFORMATION

Name:	Preferred Pronouns:
Phone:	E-Mail:

### WHAT IS YOUR CONNECTION TO THE CITY OF TUALATIN? *Do you live / work / learn / play in Tualatin? Tell us more.*

### WHY ARE YOU INTERESTED IN SERVING ON THE EQUITY COMMITTEE PLANNING GROUP?

### HAVE YOU EVER PARTICIPATED IN AN ADVISORY COMMITTEE BEFORE?

### AVAILABILITY

<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> October	<input type="checkbox"/> January
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