

**PORT OF HOOD RIVER
BUDGET COMMITTEE APPLICATION**

Please print – use back if needed

NAME: _____

ADDRESS: _____

Email _____

PHONE: _____ FAX: _____

(You must be a registered voter residing in the Port District.)

Government committees/commissions/boards/civic/service organizations
on which you have served: _____

Please state in concise terms any relevant experience you may have and
explain why you would like to serve on the Port of Hood River Budget
Committee:

Signature

Date