

APPLICATION FOR COMMITTEE MEMBER

Blue Ridge Downtown Development Authority

Please Print

Name: _____ Email _____

Home Address _____ C/Z _____

Business Address (Street & Mailing) _____

Phone Numbers: Home _____ Cell _____
Business _____ Fax _____

I am: (Check all that apply)

- A Resident of the _____ City of Blue Ridge or of _____ Fannin County
- Available for monthly Committee meetings (*date, time to be determined at first meeting*)
- An Elected Member of Government: Elected Position _____
- A Downtown Property Owner: Property Address _____
- A Downtown Business Owner: Business Name _____
- A Downtown Employee: Business & Position _____

My Downtown Involvement over the past two years includes: (Check all that apply and list)

- Serving on Committee(s) _____
- Assisting with Projects _____
- Participation in Events _____

Organizations to which I belong, and volunteer service include: _____

Interest/Hobbies/Talents/Skills: _____

I am interested in serving on the following Committee:

I will allow my name to be submitted for consideration in service to the Authority; and if appointed to serve as a member of a committee, I agree to:

- Attend all possible regular monthly committee meetings and any special meetings
- Accept responsibility for assignments and offer suggestions on programming or operations
- Maintain matters of confidence
- Serve the Authority, working for its overall well-being and that of the historic business district
- Seek opportunities to learn more about downtown revitalization efforts and best practices

Signature _____ Date _____

Return to: Chairman Blue Ridge DDA, City of Blue Ridge 480 West First Street Blue Ridge GA 30513 706-455-8280