

Coos County Airport District Budget Committee Member Application

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Are you a resident of our district? _____ Are you a registered voter? _____

Term: _____ FY2023/24 – FY2025/26 _____

If appointed, would you be able to serve the entire term? _____

By signing below, I confirm that I wish to serve as a citizen member of the CCAD Budget Committee, for a three year term:

Signature: _____

Date: _____