

Port of Siuslaw Board of Commissioners
Application

Name _____

Address _____

Phone(s) _____ Email _____

1. _____ Are you a registered voter who resides within the Port district?
2. _____ Number of year(s) you have lived in the area?
3. _____ Would you be able to attend at least 1-2 meetings/ month on Wednesday evenings?
4. _____ Are you aware that Commissioners may have to devote considerable time at home for study and analyses of Port issues?
5. _____ Can you foresee any potential conflicts of interest that would prevent you from making impartial decisions? If so, please explain _____

6. _____ Would you be willing to represent the Port at out-of-town meetings?
7. What is your occupation (if retired what was it before retirement)? _____
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 Siuslaw? _____

