



## R Street Sacramento Partnership Board Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation and employer: \_\_\_\_\_

Why are you interested in joining our organization?

What personal skill or strength of yours do you think would benefit our organization?

Within the R Street Sacramento Partnership are you currently a:

Property Owner      YES    NO

Business Owner      YES    NO

If yes, which business? \_\_\_\_\_

Resident              YES    NO

If yes, please specify your address: \_\_\_\_\_

The R Street Sacramento Partnership Board meets once a month on the fourth Thursday at 9 am. Do you see any scheduling problem that might affect your attendance?