APPLICATION FOR APPOINTMENT
DeLAND AIRPORT ADVISORY COMMITTEE

MEMBERSHIP CATEGORY:
- □ REPRESENTATIVES FROM CATEGORY A, FBO (ONE)
- □ CERTIFIED FLIGHT INSTRUCTOR, PREFERABLY FROM THE FLIGHT TRAINING SCHOOL(S) (ONE)
- □ AT-LARGE RESIDENT – CITY OF DELAND (ONE)
- □ REPRESENTATIVE SKY-DIVING MANUFACTURING INDUSTRY (ONE)
- □ REPRESENTATIVE FROM SKYDIVE DELAND (ONE)
- □ REPRESENTATIVES FOR NOISE SENSITIVE COMMUNITY (ONE)
- □ HANGAR TENANT (ONE)
- □ REPRESENTATIVE FROM HELICOPTER BASED FBO (ONE EX-OFFICIO NON-VOTING)
- □ REPRESENTATIVE OF DELAND AIRPORT COMMERCIAL AVIATION (ONE EX-OFFICIO NON-VOTING)

RESPONSIBILITY: THE MISSION OF THE AIRPORT ADVISORY COMMITTEE SHALL BE TO REVIEW AND MAKE RECOMMENDATIONS ON AIRPORT POLICIES, PROCEDURES AND PLANS AS REQUESTED BY THE CITY COMMISSION OR STAFF. THE COMMITTEE MAY ALSO, MAKE RECOMMENDATIONS TO MAINTAIN OR IMPROVE THE AIRPORT SAFETY, OPERATIONAL POLICIES, AND THE ECONOMIC VIABILITY OF THE DELAND MUNICIPAL AIRPORT.

APPLICANT INFORMATION:
(Please Type or Print Clearly)

NAME: ____________________________________________  ____________________________________________  ____________________________________________
(Last) (First) (Middle)  ____________________________________________  ____________________________________________  ____________________________________________

ADDRESS: (HOME) ____________________________________________  ____________________________________________  ____________________________________________

CITY, STATE, & ZIP CODE ____________________________________________  ____________________________________________  ____________________________________________

E-MAIL ADDRESS: ____________________________________________

EMPLOYER: ____________________________________________  ____________________________________________  ____________________________________________

POSITION: ____________________________________________  ____________________________________________  ____________________________________________

HOW LONG: ____________________________________________  ____________________________________________  ____________________________________________

ADDRESS: (OFFICE) ____________________________________________  ____________________________________________  ____________________________________________

CITY, STATE, & ZIP CODE ____________________________________________  ____________________________________________  ____________________________________________

TELEPHONE NUMBERS (OFFICE) ____________________________________________ (HOME) ____________________________________________
(FAX) ____________________________________________ (CELL) ____________________________________________

ARE YOU A CITY RESIDENT? YES ______ NO __

HOW LONG HAVE YOU LIVED IN THE DELAND AREA YEARS __________

DO YOU OWN PROPERTY IN DELAND? YES ______ NO __
ARE YOU CURRENTLY SERVING ON A CITY BOARD? YES___________ NO ________

ARE YOU CURRENTLY SERVING ON ANY ADVISORY BOARD FOR ANY OTHER GOVERNMENTAL AGENCY? YES ________ NO ________ IF YES, PLEASE LIST ________________________________________________________________

WORK EXPERIENCE:
______________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________

COMMUNITY INVOLVEMENT:
______________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________

INTEREST/ACTIVITIES:
______________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________

WHY DO YOU DESIRE TO SERVE ON THIS BOARD?
______________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________

A RESUME OR SEPARATE SHEET WITH ADDITIONAL INFORMATION MAY BE INCLUDED

I UNDERSTAND THE RESPONSIBILITIES ASSOCIATED WITH BEING A BOARD MEMBER, AND I HAVE ADEQUATE TIME TO SERVE ON THE ABOVE BOARD.

SIGNATURE

DATE SUBMITTED:

IF YOU HAVE QUESTIONS, PLEASE CALL THE OFFICE OF AIRPORT MANAGER (386) 626-7240. PLEASE RETURN THIS FORM TO THE CITY CLERK'S OFFICE AT 120 SOUTH FLORIDA AVENUE, DELAND, FL 32724 OR FAX TO (386) 626-7140.