



**Statewide Transportation Improvement Fund Advisory Committee (STIFAC) Application**

*Please return completed, signed application by mail or email to the address below*

**Salem Area Mass Transit District Attn. Executive Assistant Kirra Pressey**

555 Court St. NE Suite 5230, Salem, Oregon 97301 | kirra.pressey@cherriotics.org | (503) 588-2424

**Personal Information**

**Full Name:** \_\_\_\_\_  
*First Middle Last*

**Address:** \_\_\_\_\_  
*Street Address City State Zip*

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

To be eligible to serve, members must be knowledgeable about the public transportation needs of residents or employees located within or traveling to or from SAMTD s service area or Marion or Polk Counties; and be a person who is a member of or represents one or more of the following. Please identify the category you believe you represent with an checkmark. You may select more than one category.

**Check all that apply:**

- Bicycle and Pedestrian Advocates
- Black, Indigenous, and People of Color
- Educational Institutions
- Employers
- Environmental Advocates
- Individuals Age 65 or Older
- Individuals with Disabilities
- Individuals with Limited English Proficiency
- Local Governments, Including Land Use Planners
- Low-Income Individuals
- Major Destinations for Users of Public Transit
- Neighboring Public Transportation Service Providers
- Non-Profit Entities which Provide Public Transportation Services
- Public Health, Social, and Human Service Providers
- Public Transportation Service Providers
- Transit Users who Depend on Transit for Accomplishing Daily Activities
- Veterans

Please explain how your background including employment, education and experience qualifies you for membership on the STIFAC. You may attach a brief bio or resume. Links to personal web pages or blogs you want considered are also welcome.

**Why do you want to serve on the STIFAC?**

**By submitting my application, I affirm the facts and statements contained herein are true and complete.**

Signature (If you are not signing digitally please provide the **date**) \_\_\_\_\_