

MVRPC 2023 BOARD OF DIRECTORS DESIGNATION FORM

ORGANIZATION NAME: _____

*PLEASE NOTE: Your appointment (member only) must be an elected official.
The Alternate can be either an elected official or the chief executive/administrative officer.*

NAME OF DELEGATE: _____

TITLE: _____

PRIMARY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

Main Phone: _____

Preferred E-mail: _____

Direct Phone: _____

NAME OF ALTERNATE: _____

TITLE: _____

PRIMARY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

Main Phone: _____

Preferred E-mail: _____

Direct Phone: _____

Billing Information (Who should receive invoices?)

Billing Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Address: _____

What is your jurisdiction's area of interest? (check all that apply)	
<i>The designated member and alternate will receive more information about each program selected</i>	
<input type="checkbox"/> Active Transportation	<input type="checkbox"/> Regional Equity Initiative
<input type="checkbox"/> Air Quality Awareness	<input type="checkbox"/> Resiliency Planning (Formally Disaster Recovery)
<input type="checkbox"/> Age-Friendly Initiative	<input type="checkbox"/> PLAN4Health
<input type="checkbox"/> Commute Solutions/Mobility/Rideshare	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Economic Development (CEDS)	<input type="checkbox"/> Other (<i>please specify</i>):



MVRPC 2023 BOARD OF DIRECTORS DESIGNATION FORM
Non/Other-Governmental Members

ORGANIZATION NAME: _____

*PLEASE NOTE: Your appointment (both member and alternate)
must be employees or appointed officials of your organization*

NAME OF DELEGATE: _____

TITLE: _____

PRIMARY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

Main Phone: _____

Preferred E-mail: _____

Direct Phone: _____

NAME OF ALTERNATE: _____

TITLE: _____

PRIMARY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

Main Phone: _____

Preferred E-mail: _____

Direct Phone: _____

Billing Information (Who should receive invoices?)

Billing Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Address: _____

What is your jurisdiction's area of interest? (check all that apply)	
<i>The designated member and alternate will receive more information about each program selected</i>	
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<input type="checkbox"/> Air Quality Awareness	<input type="checkbox"/> Resiliency Planning (Formally Disaster Recovery)
<input type="checkbox"/> Age-Friendly Initiative	<input type="checkbox"/> PLAN4Health
<input type="checkbox"/> Commute Solutions/Mobility/Rideshare	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Economic Development (CEDS)	<input type="checkbox"/> Other (please specify): _____



MIAMI VALLEY

Regional Planning Commission

MVRPC 2023 TECHNICAL ADVISORY COMMITTEE DESIGNATION FORM

ORGANIZATION NAME: _____

*PLEASE NOTE: Your appointment (both member and alternate)
must be employees or appointed officials of your organization*

NAME OF DELEGATE: _____

TITLE: _____

PRIMARY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

Main Phone: _____

Preferred E-mail: _____

Direct Phone: _____

NAME OF ALTERNATE: _____

TITLE: _____

PRIMARY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

Main Phone: _____

Preferred E-mail: _____

Direct Phone: _____