



# APPLICATION FOR NOMINATION CITY OF CLARKSTON DOWNTOWN DEVELOPMENT AUTHORITY

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

I am: (Check all that apply)

- A Resident of the City of Clarkston
- A Resident of Dekalb County
- Available for Board meetings on the \_\_\_\_\_ of each month
- An Elected Member of Government: Elected Position \_\_\_\_\_
- A Downtown Property Owner: Property Address \_\_\_\_\_
- A Downtown Business Owner: Business Name \_\_\_\_\_
- A Downtown Business Operator: Business Name \_\_\_\_\_

My Downtown involvement over the past two years includes:

Serving on Committee (s) \_\_\_\_\_

Assisting with Projects \_\_\_\_\_

Participation in Events \_\_\_\_\_

A Financial Contribution \_\_\_\_\_

Other \_\_\_\_\_

Organizations to which I belong an volunteer service include:

\_\_\_\_\_

\_\_\_\_\_

Interest/Hobbies/Talents/Skills:

\_\_\_\_\_

\_\_\_\_\_

I'm interested in serving on the Authority because ...

\_\_\_\_\_

\_\_\_\_\_

I will allow my name to be submitted for consideration in service to the Authority; and if appointed to serve as a member of the Board of Directors, I agree to:

- Attend all possible regular monthly Board meetings, committee meetings and any special meetings.
- Attend eight hours of training within my first year of services as required by law.
- Attend the Annual Planning Session and participate in a Board Orientation.
- Enter into full discussion and participation in policy decisions affecting the DDA and its purpose.
- Accept responsibility for assignments and offer suggestions on programming or operations
- Maintain matters of confidence.
- Serve the Authority, working of its overall well-being and that of the historic business district.
- Seek opportunities to learn more about downtown revitalization efforts and best practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_