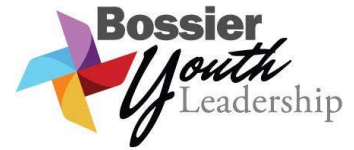


# BYL Committee Member Application



## Contact Information

NAME:	
COMPANY/ORGANIZATION:	
MAILING ADDRESS:	
EMAIL ADDRESS:	
PHONE:	

## Tell us in which areas you have the most experience in

Economic Development     Government/Law Enforcement     Social Services  
 Leadership     Technology     Other (please indicate)  
 Education     Healthcare

## Qualifications

Please explain why you should be a member of the BYL Committee:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_