



APPLICANT'S NAME: _____

HALIFAX AREA ADVERTISING AUTHORITY VOLUNTEER ADVISORY COMMITTEE APPLICATION

THIS APPLICATION IS VALID FOR ONLY ONE (1) YEAR FROM THE DATE ENTERED ON PAGE 4.

Thank you for your interest in serving on a Halifax Area Advertising Authority (HAAA) Advisory Committee. Your completion of this application is necessary so that the members on our HAAA Board can thoroughly review each application as part of their consideration for your appointment.

If applying for more than one advisory committee, **please number in order of preference**. If you have previously submitted an application, it will be removed from our files unless you mark the board(s) previously applied for on this application. **Please choose no more than three committees for which you wish to apply. You may not serve on more than two (2) committees at one time**

- ___ ADVERTISING ADVISORY COMMITTEE
- ___ MEETING & CONVENTION SALES ADVISORY COMMITTEE
- ___ TRAVEL INDUSTRY SALES ADVISORY COMMITTEE
- ___ ARTS, CULTURE, & HERITAGE COMMITTEE
- ___ SPORTS COMMITTEE
- ___ BIKETOBERFEST® DEVELOPMENT COMMITTEE

ALL THE ABOVE ARE SUBJECT TO THE SUNSHINE LAW

1. PERSONAL

Name: Mr./Mrs./Ms. **(CIRCLE)** _____

Residence: _____

City: _____ State: _____ ZIP: _____

Mailing Address: (IF DIFFERENT FROM RESIDENCE): _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____

E-mail Address: _____

Are you employed in the tourism industry? _____

What is your occupation? _____

Employer? _____

Business Address: _____

Are you currently serving on any other advisory boards? _____

If yes, which board(s)? _____

Have you ever served on a HAAA committee? _____

If yes, when and which one(s)? _____

Do you serve on any other committee's related to tourism? _____

If yes, please name the group, position, etc. _____

2. REFERENCES - Please list three references (business and/or personal)

NAME, ADDRESS AND TELEPHONE NUMBER

NAME, ADDRESS AND TELEPHONE NUMBER

NAME, ADDRESS AND TELEPHONE NUMBER

3. EDUCATION

High School: _____ Date of Graduation: _____

College: _____ Degree: _____

Date of Graduation: _____

4. WORK EXPERIENCE

5. INTEREST/ACTIVITIES

6. COMMUNITY INVOLVEMENT

7. WHY DO YOU DESIRE TO SERVE ON THIS/THESE COMMITTEES?

I understand the responsibilities associated with being an Advisory committee member, and I have adequate time to serve if appointed.

I have read Resolution No. 2009-101, attached hereto, and understand the policy on compliance with good standing/clean hands with the County of Volusia.

PLEASE INITIAL _____

Signature/Date

THIS APPLICATION IS VALID FOR ONLY ONE (1) YEAR FROM THE DATE SIGNED ABOVE.

NOTE: If you have questions concerning the duties and responsibility of any of the above Committee's, please contact the Executive Assistant whose name and contact information are set forth below, or visit our website at www.daytonabeachcvb.org.

RETURN TO:

Advisory Committee Application
Daytona Beach Area CVB
126 East Orange Avenue
Daytona Beach, FL 32114
386-255-0415
Fax: 386-255-5478
www.daytonabeach.com
www.daytonabeachcvb.org

*****SUNSHINE LAW:** The primary purpose of Government in the Sunshine Law is to assure public access to the decision making processes of public boards and commissions. The Sunshine Law extends to discussions and deliberations as well as to formal actions taken by boards and commissions.