TOURISM ADVISORY COMMITTEE APPLICATION

NAME ___________________________ DATE ______________________

ADDRESS __________________________

CITY ___________________________ ZIP CODE ______________________

DAY PHONE __________________________ EVENING PHONE ______________________

E-MAIL ADDRESS __________________________

SIGNATURE __________________________

Thank you for your interest in serving on the Lynnwood Tourism Advisory Committee. Committee members are appointed to fill a one-year term. City residency is required for the citizen-at-large positions identified by City Council in the nomination confirmation. To help us get to know you and your interests in tourism, please answer the following questions:

Why do you want to serve in this position?

How do you perceive the role of tourism and tourism promotion in the community?

How would you represent the interests of the community on the Tourism Advisory Committee?

What is your background or experience in strategic planning, finance, marketing, public relations, or related fields?

Please indicate your business or personal affiliation:

☐ Business Representative – Lodging tax collector
☐ Activity Representative – Involved in activity authorized to be funded by hotel-motel tax
☐ Restaurant Representative
☐ Retail Representative
☐ Citizen-at-Large
☐ Other (specify) __________________________

Please submit your completed application to:
Mary Monroe, Tourism Manager
City of Lynnwood
P.O. Box 5008
Lynnwood, WA 98046-5008