



FINANCE COMMITTEE APPLICATION

Please submit the completed application form to:

Commission President Robert Stevens
Port of Astoria
422 Gateway Ave, Suite #100
Astoria, OR 97103

Mark on Envelope: Finance Committee Application

Name _____

Home Address _____

City _____ **Zip Code** _____

Phone Number _____

Email _____

Name of Employer _____

Work Address _____

City _____ **Zip Code** _____

Number of Years Residence Clatsop County _____

In the space provided, please provide a brief statement describing why you are interested in serving on the Port of Astoria Finance Committee.

Please describe your skills, training and experience in finance and any additional qualifications, experience, or expertise that qualifies you for membership on this committee. (You may attach an additional page, if needed.)

MEMBERSHIP RESTRICTIONS

1. Are you a vendor, contractor, tenant or paid consultant of the Port of Astoria?

YES NO

2. Are you able to complete at least one term (two years) as a member of the committee, and refrain from becoming an employee, vendor, contractor, tenant or paid consultant of the Port of Astoria?

YES NO

3. If selected, would you anticipate any potential personal or professional conflicts of interest associated with your membership on the committee? If so, please describe:

Certification of the Applicant

I certify that the answers and statements in this document are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

If you have any questions regarding the finance committee or application process, please contact the Port of Astoria at (503) 741-3300 or admin@portofastoria.com