



CITY OF KIRKLAND

APPLICATION: *Tourism Development Committee*

Please print or type:

Organization Name: _____

Telephone: _____ E-mail _____

Address: _____

Name and title of Representative proposed for membership:

Representative Telephone _____ E:mail _____

Category (circle one – see below): A. B. C.

- A. This organization represents businesses required to collect lodging tax.
- B. This organization is involved in activities authorized to be funded by lodging tax revenue.
- C. This local agency is involved in tourism promotion.

Please describe the nature of the organization’s business relationship to the designated category: _____

Please provide the relevant background/skills of the proposed representative: _____

Signature of Representative

Return form to City Clerk, City of Kirkland, 123 Fifth Avenue, Kirkland, WA 98033

This position is open until filled.