



**Technical Assistance Panel  
Expert Application and Questionnaire**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

ULI Membership Number: \_\_\_\_\_

Currently serve on the following councils/committees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your primary field of activity: \_\_\_\_\_

Please indicate your primary land use concentration or activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on a TAP? \_\_\_\_\_

\_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

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