



Downtown
Denver
Partnership

Council Application

Name _____

Title _____ Company _____

Email _____ Phone _____

Which Council are you interested in joining?

- | | | | |
|--------------------------|------------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Economic Development Council | <input type="checkbox"/> | Public Realm Council |
| <input type="checkbox"/> | Member Experience Council | <input type="checkbox"/> | Retail Council |
| <input type="checkbox"/> | Mobility Council | <input type="checkbox"/> | Housing Task Force |

What expertise and experience do you have that would be beneficial to the Council?

What are you hoping to gain from your participation on the Council?

What has been your most impactful engagement with the Downtown Denver Partnership? What made it impactful for you? (If you are a new member, please disregard the question).

What is your vision for Downtown Denver?

The attendance policy is that members attend 75% of meetings, or 8 of the 11 per year. By signing below, you agree to the policy and understand that failure to meet the attendance requirements may be cause for your dismissal from the Council.

Signature

Date

Questions? Contact the Member Experience Team at
membership@downtowndenver.com or 303-571-8200