



# Accessibility Advisory Committee Member Application

<b>Name:</b> _____		
<b>Address:</b> _____ _____ _____		
<b>Telephone (Home):</b> _____	<b>Telephone (Business):</b> _____	<b>Telephone (Cell):</b> _____
<b>Requirements:</b> <input type="checkbox"/> I am an individual with a disability  <input type="checkbox"/> I am familiar with issues affecting people with disabilities		
<b>Previous experience:</b> _____		
<b>References:</b>		
<b>Name/Association</b> _____ _____ _____	<b>Telephone</b> _____ _____ _____	
<b>Applicant's Signature</b> _____	<b>Date</b> _____	