

CONSUMER ADVISORY COMMITTEE MEMBERSHIP APPLICATION DS 254 (12/2007) (Electronic Version)

*For help filling out this form
please see the attached instructions*

NOTE: The use of this form does not constitute consent to release confidential information that might be protected from disclosure pursuant to Welfare and Institutions Code sections 4514 and 5328, or other applicable state or federal law.

Your Personal Information:



Name: _____



Address: _____



Cellphone Number: _____

Alternate Phone Number: _____



Email Address: _____



Name of Your Regional Center or Developmental Center: _____



Your Local Self-Advocacy Group: _____



Are you a: Male Female Other



Your Age Group: 18-25 26-35 36+

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Do you serve on or belong to other boards, committees, and/or organizations? If so, please tell us what they are.



Please get a letter of recommendation from someone that can tell us why DDS should select you to be a member.



Why do you want to be a member of the DDS Consumer Advisory Committee?



If you want or need someone to support you at the CAC meetings, do you have someone in mind?

Name: _____

Phone Number: _____