

MEMBER APPLICATION

Date:				
Name:	Home Phone:			
Work Number:	Cell Phone:			
Do you have access to the Internet? Yes No				
Do you have access to email? 🗌 Yes 🗌 No				
Email Address:				
Home Address:				
Are you a: (Please check all that apply)				
Person with a developmental disability				
Member of an advocacy group				
Are you able to do the following: (Please check all that apply)				
Attend two-day meetings in Sacramento (4 times a year)				
Able to participate in webinars, phone calls (web cam meetings, SKYPE)				
Participate in local Self-Advocacy meetings and share information with SSAN				
Available to serve a 4-year term as a SSAN Representative				
Why do you want to be a SSAN Volunteer Member?				

What local advocacy groups or committees to you belong to?					
How long ha	ave you been ir	n an advocacy group or committee?			
How much to thers:	ime can you de	edicate to SSAN activities and help share information wit			
-	ently employed	d by an organization providing service(s) to persons with ?			
YES	NO	If yes please explain:			
Do you need	d any accomm	odations to participate in a meeting, if so please explain:			
YES					

Do you need a facilitator/helper, if yes please explain how they would help you:

YES	NO		
•	e a letter of support find a letter of support find a second second second second second second second second s	rom your supporting region our advocacy work.	nal office/agency
I am willing to se SSAN Represe		ber and have included why I	wish to serve as a
Signed:		Date:	
Sacramento, C Advocacy Coo process. If you	A 95834. The comple rdinator who will pro I have any questions	3831 North Freeway Blvd. Seted forms will be submitte ovide to SSAN Officers for a about the process, please at <u>Riana.Hardin@scdd.ca.g</u>	d to SCDD Self- application review contact the
SCDD Self Adv	• —		