

Redacted Membership Application

MM-656

Name: REDACTED

Address: REDACTED

County of Residence: **CA**

Email : REDACTED

Phone: REDACTED

Race: African- American, American Indian/Native Alaskan, Asian, Hispanic or Latino, Native Hawaiian/Other Pacific Islander, White

I am a: person with a developmental disability, parent, family member, legal guardian or conservator of a person with a developmental disability, representative of the general public

Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:

Yes

Are you a member of a nongovernmental agency that does not receive regional center funding?

Yes

Do you want to serve on the State Council: Yes, I want to apply to serve on the State Council

Do you want to serve on a Regional Advisory Committee: Yes, I want to apply to serve on the Regional Advisory Committee

How did your interest in, or knowledge of, the developmental disability field and service system develop?:

Napa

What are your areas of interest in the developmental disability field and service system?:

Napa

Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:

Napa

What strengths would you bring to the State Council and/or Regional Advisory Committee?:

Napa