

Redacted Membership Application

MM-063

Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino

Gender: Female

I am a: Person with a developmental disability

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

No

Do you want to serve on the State Council or Regional Advisory Committee?:

I want to apply to serve on the State Council, I want to apply to serve on the RAC

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

Learned about it at the SCDD Sacramento Information Table at the Self-Advocacy Conference (this application was completed on paper and mailed to the Sacramento office. I am submitting it online. Sonya Bingaman)

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

"Was active in AB8 area and got bus stop put in through her advocacy. Wants to start People's First chapter at Studio 700."

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

This applicant has served on the RAC and wishes to apply for the State Council.

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

"I used to be on a board in Area 8." Prior experience working with SCDD.