



**ADVISORY COUNCIL TO THE DISABILITY AND AGING SERVICES COMMISSION  
MEMBERSHIP APPLICATION FORM**

1. Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

2. Address: \_\_\_\_\_  
                                    Number                                    Street

\_\_\_\_\_  
                                    City                                    State                                    Zip

3. Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
                                    Email: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
                                    Number                                    Street  
\_\_\_\_\_  
                                    City                                    State

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Will you be able to commit the time necessary to carry out the duties of a member of the  
Advisory Council?  
                                    \_\_\_\_\_Yes \_\_\_\_\_No

7. Are you willing to serve on at least one Advisory Council committee?  
                                    \_\_\_\_\_Yes \_\_\_\_\_No

8. What is your educational background?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List Organizations and Clubs of which you are a member.

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10. List areas of special interest (e.g. housing, transportation, mental health).

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11. Check one of the following (optional):

- African American
- Asian/Pacific Islander
- Japanese
- Chinese
- Filipino
- Samoan
- Korean
- Other
- Caucasian
- Latino/Hispanic
- Central American
- Mexican American
- Other
- Native American
- Other \_\_\_\_\_

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Signature of applicant

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Date

return to: Ravi Durbeej  
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