

DAC
MEMBERSHIP APPLICATION

☐ NEW ☐ RENEWAL (If Renewal only, complete Part A and Part C only.)

PART A

Name:	Job Title:
Email Address:	Phone:
Headquarters/Division:	
Developmental Center/Community Facility:	
Supervisor:	

PART B

Describe your interest in serving on the Department's DAC (add additional sheets if needed):

I feel I could contribute to the DAC by (add additional sheets if needed):

PART C

Management Approval

Approval of this application affirms management's support of the applicant's interest in serving as a member of the Department of Developmental Services' Disability Advisory Committee.

Supervisor Signature: _____ Date: _____

Supervisor Email: _____

Submit completed application electronically to dac@dds.ca.gov.

For more information, please contact Julia Edwards, DAC Chair, at julia.edwards@dds.ca.gov or (916) 654-2198.