

DAC MEMBERSHIP APPLICATION

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

PART A	
Name:	Job Title:
Email Address:	Phone:
Work Location:	
Division/Office:	
Supervisor Name:	

PART B

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

[illegible]

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

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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 the DAC Chair at dac@dds.ca.gov.