

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):

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