

Maryland Statewide Independent Living Council (MSILC)
Membership Application

Name: _____

Address: _____

City/County/Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

The Rehabilitation Act mandates that the Council (MSILC) have statewide representation, to include a majority of individuals with disabilities, and who represent a broad range of individuals with disabilities; and who are knowledgeable about Centers for Independent Living and independent living services. To assist in assuring proper representation on the Council, including minority status, please check the categories that reflect your affiliation(s).

Affiliation

___ Center for Independent Living
Board of Directors

___ Division of Rehabilitative Services
(DORS)

___ Center for Independent Living Staff

___ Other Organizational
Affiliations/Councils/Volunteer
Work

___ Client Assistance Program

Please Specify: _____

Business/Industry/Employer

Business Name & Address/Job Title: _____

___ Disability Advocacy Group

Organization Name & Address: _____

___ Person with a Disability - Type of Disability: _____

___ Family Member of an Individual with a Disability

Type of Disability: _____

Gender ___ Female ___ Male

Race Please Specify: _____

Accommodation:

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If you will require accommodations when attending Council meetings, please indicate your needs:

