



**DISABILITY ACTION CENTER
BOARD MEMBERSHIP FORM**

Please attach a resume and a paragraph about your philosophy on independent living so the board may learn about your employment history, education background, group affiliations, community involvement and interests.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

E-Mail: _____

What qualifications and experience do you feel would help you contribute to the DAC Board of Directors?

The Board of Directors would like its membership to provide cross-disability representation. Do you have a disability?

Yes () No ()

If so, what is the disability? (All information will remain confidential.)

The Board of Directors would like its membership to represent diverse cultural groups. Of which racial/ethnic group do you consider yourself?

Native American Indian ()

Hispanic ()

African American ()

Asian/Pacific Islander ()

Caucasian ()

Other ()

The Board of Directors would like its membership to represent diverse age groups. What is your current age?

21-35 ()

36-45 ()

46-55 ()

56-65 ()

66 and over ()

Please return this form to:

Disability Action Center

505 N Main

Moscow, ID 83843

FAX 2088-883-0524

dac@dacnw.org