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**SENIOR & DISABLED SERVICES**  
*a division of Lane Council of Governments*

*Advisory Council Membership Application*

I am applying for (check one): \_\_\_ Disability Council \_\_\_ Senior Council

Name \_\_\_\_\_ Phone/(H) \_\_\_\_\_/(W) \_\_\_\_\_

Home  
Address \_\_\_\_\_  
(Street or Box #) (City) (State) (Zip)

Business  
Address \_\_\_\_\_  
(Street or Box #) (City) (State) (Zip)

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. What is (or, if retired, was) your occupation?

\_\_\_\_\_

2. How long have you lived in Lane County?

\_\_\_\_\_

3. Please give a brief description of any experience or training that you feel qualifies you for membership on the Council.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please give a brief description of your involvement in relevant community groups.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please see other side.*

