

Maryland Statewide Independent Living Council (Maryland SILC)

Membership Application

Name: _____

Address: _____

City/County/Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

The Rehabilitation Act, as amended, mandates that the Council (Maryland SILC) have statewide representation, to include a majority of individuals with disabilities from across Maryland, and who represent a cross range of individuals with disabilities; and who are knowledgeable about Centers for Independent Living and independent living services. The SILC is also required to have a minimum of three ex-officio members who represent State agencies that provide services to people with disabilities. 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*

Center for Independent Living Staff

Client Assistance Program

*Division of Rehabilitation Services
(DORS)*

*Other Organizational
Affiliations/Councils/Volunteer*

*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:

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

Statement of Interest

Please provide a brief summary explaining your interest in serving on the Maryland Statewide Independent Living Council (Maryland SILC) and what you hope to contribute. Please provide a current resume attached to this application.

Signature

Date

If I am not selected to serve on the Maryland Statewide Independent Living Council (Maryland SILC) at this time, please keep my application on file for future Council vacancies. ___ Yes ___ No

Return form, a letter of interest and a copy of your resume to the Maryland Statewide Independent Living Council at: silcmaryland@gmail.com