# TARC ACCESSIBILITY ADVISORY COUNCIL
## APPLICATION FOR MEMBERSHIP

Please print in ink or type on this document.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Daytime Phone (  ) - ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Apt</td>
</tr>
<tr>
<td>City</td>
<td>Zip</td>
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</tbody>
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- [ ] I Ride TARC Fixed Route  Daily  Less than weekly  Weekly
- [ ] I Ride TARC3 Paratransit  Daily  Less than weekly  Weekly

(Please answer each question as completely as possible. Responses to the following questions may be printed or typed in the space below or attached on a separate sheet of paper.)

1) I am a(n) [ ] Senior  [ ] Individual with a disability  [ ] Representative for seniors or the disabled
2) Do you have any restrictions on your time that would limit your ability to attend meetings?
   [ ] No  [ ] Yes  If yes, please explain: _____
3) Briefly describe your bus riding experiences. _____

4) Briefly describe the insights, knowledge and experience you would bring to the TARC Accessibility Advisory Council (TAAC). _____

5) In addition to representing and/or advising TARC on issues relating to accessible services, Council members will be elected so that diverse sections of senior and disabled communities are represented. Describe the specific areas of interests you feel you would best represent and why.
   ____________________________

6) Individuals currently involved in the community can bring special insights to the Council as well as share information about TARC with others. In what ways are you active in the community? (List organizations or community activities with which you have been involved.) _____

7) Have you previously served on the TAAC?  [ ] No  [ ] Yes  If yes, when? _____
8) Do you know someone currently serving on the TAAC?  [ ] No  [ ] Yes  If yes, who? _____

I understand that if elected to the TAAC, I will remain a customer in good standing, and will follow the code of conduct along with customer’s responsibilities as stated in the TARC3 Riders Guide. By signing this application I give permission for TAAC’s Membership Chair to review my TARC3 status periodically during membership on the Council.

__________________________________________                                           ________________
Applicant’s Signature                                         Date