

NORTH CAROLINA STATEWIDE INDEPENDENT LIVING COUNCIL  
Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Why are you interested in becoming a member of the NC Statewide Independent Living Council?

Which Centers for Independent Living have you visited or which State Independent Living programs (VR, VRILP, DSB) are you familiar with?

What are some community activities that you are or were involved in that are disability related?

By law, the NCSILC has to have a majority of people with significant disabilities representative of these following categories. If applicable, please check all the areas that apply to you:

- Seeing Disability
- Learning Disability
- Parent of an adult child with a disability
- Hearing Disability
- Cognitive Disability
- Physical Disability
- Emotional or Mental Health Disability
- Parent of a school age child with a disability
- Systemic Disability (Lupus, CFIDS, renal, chemical/electrical sensitivity)