North Carolina Statewide Independent Living Council

Membership Application

Date:

Name:

Street Address:

City: State: Zip: County:

Phone Number:

Email:

Why are you interested in becoming a member of North Carolina Statewide Independent Living Council?

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

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

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.

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| --- | --- |
|  | 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) |