

NORTH CAROLINA STATEWIDE INDEPENDENT LIVING COUNCIL
Membership Application

Date: _____

Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Phone Number: _____ E-Mail: _____

Date of Birth: _____ Ethnicity: _____

Please attach your resume

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

Do you have a vision as to what you would like to accomplish on the NCSILC?

Which Centers for Independent Living have you visited or which State Independent Living programs (VR) Vocational Rehabilitation, (VRIL) Vocational Rehabilitation Independent Living Program, (DSB) Division of Services for the Blind, are you familiar with?

What are some of the community advocacy activities that you are or were involved in that are related to people with disabilities?

By law, the NCSILC must 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)
- Other

Additional Information:

Updated: 10-22-18
