



**TRANSPORTATION DISADVANTAGED COORDINATING BOARD  
MEMBERSHIP APPLICATION**

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Representing:** \_\_\_\_\_

**CITIZEN ADVOCATE** \_\_\_\_\_ Voting \_\_\_\_\_ Alternate

Qualifications: A resident who is concerned about the needs of disadvantaged individuals.

**CITIZEN ADVOCATE -USER** \_\_\_\_\_ Voting \_\_\_\_\_ Alternate

Qualifications: A resident who uses the transportation disadvantaged system.

**PERSONS WITH DISABILITIES** \_\_\_\_\_ Voting \_\_\_\_\_ Alternate  
**REPRESENTATIVE**

Qualifications: A person who has a disability (examples - hearing impaired, visually impaired, mobility impaired) and/or represents persons with disabilities.

**ELDERLY REPRESENTATIVE** \_\_\_\_\_ Voting \_\_\_\_\_ Alternate

Qualifications: A person over sixty years of age representing the elderly in the county.

**EARLY CHILDHOOD SERVICES** \_\_\_\_\_ Voting \_\_\_\_\_ Alternate  
**REPRESENTATIVE**

Qualifications: A local representative for children at risk.

**MEDICAL COMMUNITY** \_\_\_\_\_ Voting \_\_\_\_\_ Alternate

Qualifications: A local representative of the medical community.

**Please complete and return to:**

*North Central Florida Regional Planning Council  
2009 N.W. 67 Place, Ste. A  
Gainesville, FL 32653-1603*

