TRANSPORTATION DISADVANTAGED COORDINATING BOARD
MEMBERSHIP APPLICATION

Name: ____________________________________________________________

Mailing Address: ___________________________________________________

City/State/Zip Code ________________________________________________

County: __________________________________________________________

Telephone Number: ________________________________________________

Email Address: ____________________________________________________

Signature: _________________________________________________________

Date: __________________________________________________________________

Representing (check position(s) you are applying for):

CITIZEN ADVOCATE _______ Voting _______ Alternate
Qualifications: A resident who is concerned about the transportation needs of disadvantaged individuals in the county.

CITIZEN ADVOCATE -USER _______ Voting _______ Alternate
Qualifications: A resident who uses the transportation disadvantaged system as their primary means of transportation.

PERSONS WITH DISABILITIES REP. REPRESENTATIVE _______ Voting _______ Alternate
Qualifications: A person representing the disabled in the county.

ELDERLY REPRESENTATIVE _______ Voting _______ Alternate
Qualifications: A person over 60 years of age representing the elderly in the county.

CHILDREN AT RISK _______ Voting _______ Alternate
Qualifications: A local representative for children at risk.

MEDICAL COMMUNITY: _______ Voting _______ Alternate
Qualifications: A local representative of the medical community.

PRIVATE TRANSIT INDUSTRY: _______ Voting _______ Alternate
Qualifications: An experienced representative of the local private for profit transportation industry.

Documentation demonstrating applicant’s experience must be provided.

Please complete and return to:

Lynn Franson-Godfrey, AICP, Senior Planner
North Central Florida Regional Planning Council
2009 N.W. 67th Place
Gainesville, FL 32653-1603