

**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 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:



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