

**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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2009 N.W. 67th Place  
Gainesville, FL 32653-1603**