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

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

PERSONS WITH DISABILITIES REPRESENTATIVE
Qualifications: A person representing the disabled in the county.

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

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

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

PRIVATE TRANSIT INDUSTRY:
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
godfrey@ncfrpc.org