

Maryland Statewide Independent Living Council (Maryland SILC) Membership Application

Name: _____
Prefix First Last

Address: _____

City/County/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Please check all your affiliation(s):

- Center for Independent Living Board of Directors Center for Independent Living Staff
 Client Assistance Program Member Division of Rehabilitation Services (DORS)
 Other Organizational Affiliations

 Person with a Disability Family Member of a person with a Disability

Do you require accommodation? Yes No

If yes, please indicate your accommodation(s) need: _____

Statement of Interest: Please provide a concise summary outlining your interest in serving on the Maryland Statewide Independent Living Council (Maryland SILC) and what you aim to contribute.

Signature _____ Date _____

- If I am not selected to serve on the Maryland Statewide Independent Living Council (Maryland SILC) at this time, please keep my application on file for future Council vacancies.

Please include a copy of your resume to the Maryland Statewide Independent Living Council at:
silcmaryland@gmail.com