



MADERA COUNTY TRANSPORTATION COMMISSION
Application for Appointment as member of
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL
(SSTAC)

DATE: _____

NAME: _____

HOME ADDRESS: _____
Street City Zip Code

WORK ADDRESS: _____
Street City Zip Code

PHONE: Home: _____ Cell: _____ Work : _____

EMAIL: _____

Request to Represent:

- Potential Transit User 60 Years or Older
- Local Social Service Provider for Seniors
- Potential Transit User Who Is Disabled
- Representative of the Local Service Provider for Disabled
- Representative of a Local Service Provider for Persons of Limited Means
- Representative from the Local Consolidated Transportation Service Agency

Describe why you wish to serve as a member on the Social Services Transportation Advisory Council.
(Use additional space if needed)

Provide any additional information you believe will be helpful during the applicant review process.
(Use additional space if needed)

Signature: _____