

## NYSILC NEW MEMBER APPLICATION FORM

Answer all questions and send back your complete application to [bradw@nysilc.org](mailto:bradw@nysilc.org) as an attachment **with a copy of your resume**. Word or text copy of the resume is preferred. A PDF copy that is NOT an image is allowed.

### 1) Contact information:

Name:

Address:

City/Town:

State (must be NY):

Zip:

Telephone:

Email:

### 2) Questions:

- In the space provided below indicate why you are interested in serving on the council?
- In the space provided below, what previous experience, areas of interest or skill areas do you have that will lead to work on committees?
- In the space provided below, what affiliations do you have with other groups (national, state, local) that will broaden your reach for people with disabilities?

3) Please provide two references below with contact information (at least one professional).

**REMEMBER TO ATTACH AN ELECTRONIC VERSION OF YOUR RESUME**