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
___Potential Transit User Who Is Disabled
___Local Social Service Provider for Seniors
___Local Social Service Transportation Provider for Seniors
___Local Social Service Provider for Disabled
___Local Social Service Transportation Provider for Disabled
___Local Service Provider for Persons of Limited Means
___Other (Optional) – Transportation Planning Agency may appoint additional members in accordance with the procedure prescribed in subdivision (b).

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: _____