



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

DATE: 7/20/2023

NAME: Bertha Vega

HOME ADDRESS: Street City Zip Code

WORK ADDRESS: 2037 W. Cleveland Ave Madera 93637
Street City Zip Code

PHONE: Home: Cell: Work 662-4508

EMAIL: bvega@maderaworkforce.org

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
[X] 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)
I would like to continue to participate and be part of the transportation process. I am a representative of a local social service provider of limited means and would like to continue to represent them by participating in the council.

Provide any additional information you believe will be helpful during the applicant review process.

(Use additional space if needed).

Signature: [Handwritten Signature]