



**APPLICATION FOR MEMBERSHIP
GOLDEN GATE REGIONAL CENTER, INC.
BOARD OF TRUSTEES**

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

WORK ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

EDUCATION: _____

AGES(S) OF CHILDREN) WITH DD: _____

DIAGNOSIS: (check all that apply)

- AUTISM
- CEREBRAL PALSY
- EPILEPSY
- MENTAL RETARDATION
- CONDITION CLOSELY RELATED TO MENTAL RETARDATION

- I AM:**
- A CLIENT OF A REGIONAL CENTER
 - A PARENT OF A REGIONAL CENTER CLIENT
 - A GRANDPARENT OF A REGIONAL CENTER CLIENT
 - A SIBLING OF A REGIONAL CENTER CLIENT
 - OTHER FAMILY OF A REGIONAL CENTER CLIENT
 - A GUARDIAN OF A REGIONAL CENTER CLIENT
 - A CONSERVATOR OF A REGIONAL CENTER CLIENT
 - A CONCERNED CITIZEN

- I AM:**
- ASIAN
 - BLACK
 - CAUCASIAN
 - LATINO
 - OTHER

- CLIENT RESIDES:**
- INDEPENDENTLY
 - IN THE FAMILY HOME
 - IN OUT-OF-HOME PLACEMENT
 - IN A STATE DEVELOPMENTAL CENTER



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ARE YOU OR IS ANY MEMBER OF YOUR FAMILY AN EMPLOYEE OR BOARD MEMBER OF ANY BUSINESS ENTITY THAT PROVIDES SERVICE TO A REGIONAL CENTER CLIENT? _____

ARE YOU OR IS ANY MEMBER OF YOUR FAMILY AN EMPLOYEE OR A MEMBER OF THE STATE COUNCIL OR AREA BOARD? _____

ARE YOU OR IS ANY MEMBER OF YOUR FAMILY AN EMPLOYEE OF THE STATE DEPARTMENT OF DEVELOPMENTAL SERVICES OR ANY STATE OR LOCAL AGENCY THAT PROVIDES SERVICE TO A REGIONAL CENTER CLIENT? _____

SKILLS/KNOWLEDGE:

LEGAL	_____
MANAGEMENT	_____
DD PROGRAMS SKILLS	_____
PUBLIC RELATIONS	_____
OTHER	_____

SPECIAL AREAS OF INTEREST IN REGIONAL CENTERS:

ADDITIONAL COMMENTS:

SIGNATURE

DATE