



CLBC COMMUNITY COUNCIL MEMBERSHIP APPLICATION

Thank you for your interest in becoming a member of your local CLBC Community Council.

If you have questions or require assistance with filling out the attached application form please call the CLBC Community Living nearest you:

Please complete the attached application form and return

By hand or mail to: Community Living BC
#110 – 7525 King George Hwy
Surrey, BC V3W 5A8

By fax to: Josefina Marchetti
Community Living BC
604-501-8309

We look forward to hearing from you.



APPLICATION FOR MEMBERSHIP TO YOUR CLBC COMMUNITY COUNCIL

CANDIDATE Information			
First Name:	Last Name:		Date:
Street Address:		Apartment/Unit #	
City:	Prov.:	Postal Code:	
Phone:	E-mail Address		
Period available (two or three year term)	<input type="checkbox"/> 2 year term: 2006 – 2008	<input type="checkbox"/> 3 year term: 2006 – 2009	
CLC Area applied for			
Are you a Self Advocate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you related to a person with a disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
		AGE of person with a disability	Years
Do you work for, or are you on a board of, a CLBC service provider?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, which?	
Have you had previous experience with Community Living?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, in what capacity?	

References PLEASE LIST TWO PERSONAL REFERENCES

Full Name:	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:

STATEMENT OF INTEREST PLEASE STATE YOUR INTEREST IN SITTING ON A COMMUNITY COUNCIL

I certify that my answers are true and complete to the best of my knowledge and agree that you may contact my references.

Signature	Date
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Reviewed by: