

Montana Council on Developmental Disabilities  
Application for Membership



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

1. Are you a person with a developmental disability? \_\_\_\_\_  
If yes, please briefly describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you a parent/guardian/immediate relative of a person with a developmental disability? \_\_\_\_\_ If yes, please briefly describe and give the age of your family member \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Council members are expected to attend 4 to 5 meetings in Helena each year. Prior to each meeting members are sent a packet of materials for their review and comment at the meetings. There may be one out-of-Helena meeting per year. Additionally, members are expected to serve on at least one of the Council's two standing committees. Provide a brief explanation of your interest and commitment to serve and participate on the Council.

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4. Do you currently serve on other disability related boards, or are a member of other disability organizations? \_\_\_\_\_  
If yes, please list those boards and/or organizations.

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Please return your completed application to:

MTCDD  
PO Box 526  
Helena, Montana 59624  
443-4332 or MT Toll Free 1/866-443-4332

ALL APPOINTMENTS TO THE COUNCIL ARE MADE BY THE GOVERNOR