



## Membership Application

Name \_\_\_\_\_  
First Name Last Name

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State OK Zip Code \_\_\_\_\_

Would you be joining as a representative from your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of your employer? \_\_\_\_\_

What is your job title? \_\_\_\_\_

Do work with or for people with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a person with a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you required any accommodations to attend? \_\_\_\_\_

Are you related to a person with a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how:

Are you currently or have you been an advocate for people with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Would you be willing to attend events on behalf of the committee? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about the committee? \_\_\_\_\_

What are your reasons/expectations in joining the committee?

Return applications to MCDCC Executive Committee, C/O Scott Ellis, 6108 NW 63rd Street, Oklahoma City, OK 73132 or email us at [okc.mcdc@gmail.com](mailto:okc.mcdc@gmail.com).