



Accessibility Advisory Committee MEMBERSHIP APPLICATION

Name:	
Address:	
Mailing address: (if different from above)	
Preferred daytime phone number:	Email:
Signature of Applicant:	

Tell us about yourself.

1. Are you applying as an individual or on behalf of an organization?
2. Are you a person with a disability or an individual who supports, or are from an organization that supports, persons with disabilities?
3. Do you identify as an Indigenous person?

4. What skills, knowledge and experience or lived experience do you possess which might be valuable to the Accessibility Advisory Committee?

5. Have you experienced accessibility issues in the Cowichan Valley, and if so, please explain.

PLEASE RETURN THE COMPLETED FORM USING ONE OF THE FOLLOWING METHODS:

DROP OFF IN PERSON:

Cowichan Valley Regional District
175 Ingram Street
Duncan, BC

MAIL: Cowichan Valley Regional District
Attention: Corporate Officer
175 Ingram Street
Duncan, BC V9L 1N8

FAX: 250.746.2503

EMAIL: legislativeservices@cvrd.bc.ca