



DISTRICT OF  
**100 Mile House**

## Accessibility Advisory Committee MEMBERSHIP APPLICATION

Name:	
Address:	
Mailing address: <small>(if different from above)</small>	
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 District of 100 Mile House, and if so, please explain.

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

**DROP OFF IN PERSON:**

385 Birch Avenue,  
100 Mile House, V0K 2E0

**MAIL:** District of 100 Mile House

Attention: Deputy Director of  
Corporate Administration  
PO Box 340  
100 Mile House, V0K 2E0

**FAX:** 250-395-3625

**EMAIL:** [district@100milehouse.com](mailto:district@100milehouse.com)