

**MARTA
ELDERLY AND DISABLED ACCESS ADVISORY COMMITTEE (EDAAC)
RESOURCE MEMBERSHIP
APPLICATION**

Name _____ Date _____

Home Address _____

City _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____

Cell Phone _____ TDD _____

1. Do you ride MARTA? _____ Yes or _____ No (If yes, check all that apply)

Rail _____ Bus _____ MARTA Mobility (Paratransit) _____

If, yes how often: _____ Daily _____ 2 – 4 times a week _____ monthly

_____ Occasionally _____ Other _____

2. Describe how you became interested in the Elderly and Disabled Access Advisory Committee: _____

3. Describe any previous involvement with MARTA or the EDAAC Committee: (i.e., community meetings, public hearings, service, ridership etc.)

4. Please name all community organizations in which you are currently a member that are transit related or deal with seniors and individuals with disabilities. In addition, please name all community organizations whose meetings you attend on a regular basis that are transit related or deal with seniors and individuals with disabilities.

5. Please give a brief synopsis of personal and/or professional experience in working with seniors and/or individuals with disabilities?

6. Briefly explain why you want to be a member of MARTA's resource committee.

7. If you are approved to become an EDAAC resource member, what value added contributions will you bring to the Committee, the Authority, seniors and individuals with disabilities? _____

8. Will you be able to commit to regular attendance at **all** EDAAC meetings? If not, what percentage of the 12 EDAAC Committee meetings would you be able to attend?

____ 100%	____ 90%	____ 80%	____ 70%	____ 60%
____ 50%	____ 40%	____ 30%	____ 20%	____ 10%

9. List additional information that may be important in the consideration of your application: _____

Please append additional pages as need to tell us about other points of information that may be important in considering your application.

I WILL ABIDE BY THE RULES SET FORTH IN THE MARTA ELDERLY & DISABLED ACCESS ADVISORY COMMITTEE BY-LAWS.

SIGNATURE: _____ **Date:** _____

RETURN APPLICATION:
Attention: MARTA Office of DEO
2424 PIEDMONT RD NE
ATLANTA, GA 30324-3330
(404) 848-4037