

**The Provider Advisory Committee is mandated by the Lanterman Act §4622(i).**

The Provider Advisory Committee shall provide advice, guidance, recommendations and technical assistance to the regional center board in order to assist the regional center in carrying out its mandated functions.

**WE NEED YOUR INPUT!**

**All are welcome to attend meetings. If you want to be a PAC member, please fill out the application.**

## **ACRC's PAC Application for Membership**

The following information will be received by the PAC Community Outreach Sub-Committee. All application information will be held in strict confidence. If you have any questions, please contact Lisa West at (916) 978-6245.

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_/#  
(Vendor Name & Number)

\_\_\_\_\_  
(Address)


\_\_\_\_\_  
(City and Zip Code)

\_\_\_\_\_  
(Daytime phone number)

\_\_\_\_\_  
(Cell phone number)

\_\_\_\_\_  
(e-mail address)

\_\_\_\_\_  
(website address)

 You will be contacted by a sub-committee member

Services Provided:

\_\_\_\_\_  
Office/locations in which counties:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alpine    | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Colusa    | <input type="checkbox"/> Sierra     |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Sutter     |
| <input type="checkbox"/> Nevada    | <input type="checkbox"/> Yuba       |
| <input type="checkbox"/> Placer    | <input type="checkbox"/> Yolo       |

Ages served:

- 0 – 2 yrs.
- 3 - 17 yrs.
- 18+ yrs.

Applicant's Signature:

Date: \_\_\_\_\_

*Please mail or fax [(916) 489-1857] completed application to Lisa West, Executive Secretary to the Board of Directors*

**Application good for one year**

**\* Membership will be considered after attending seven out of ten meetings.**