

**CITIZEN ADVISORY COMMITTEE (CAC)  
TO THE  
READING OFFICE OF VOCATIONAL REHABILITATION (OVR)**

Serving Berks & Schuylkill Counties, 3602 Kutztown Road, Suite 200, Reading, PA 19605

Phone: 610-621-5800 / Fax: 610-621-5807 / Email: ra-liovr-app-reading@pa.gov

**MEMBERSHIP APPLICATION**

**NOTE: Only CAC Members & OVR Employees will have access to this "Membership Application" Form.**

<b>PLEASE CHECK ONE:</b>	<b>Appointment Requested:</b> <input type="checkbox"/>	<b>Or Reappointment Requested:</b> <input type="checkbox"/>	
NAME:			
TITLE:			
EMPLOYER:			
EMPLOYER or HOME ADDRESS:			
CITY, STATE, ZIP:			
PHONE:			
FAX:			
EMAIL:			

**Category Of Representation (Check All That Apply):**

- ☐ Current or Former OVR Customer
- ☐ Person with Disability or Family Member.
- ☐ Representative of Consumer/Disability Group
- ☐ Representative of School/Educational Facility
- ☐ Representative of Hospital/Rehabilitation Facility
- ☐ Representative of Private Agency Serving People with Disabilities
- ☐ Representative of Public Agency Serving People with Disabilities
- ☐ Employer or Representative of Business or Industry
- ☐ Other Advocate for People with Disabilities *(Please Specify)* \_\_\_\_\_

**I would like to be a member of the CAC for the following reasons:**

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NOTE: Please mail, fax or email this "Membership Application" form to the attention of the RDG OVR District Administrator at the above address. Once received, you will be sent a "Membership Status" form within 30 days of the date the application received \_\_\_\_/\_\_\_\_/\_\_\_\_\_. (OVR TO FILL IN RECEIVED DATE)