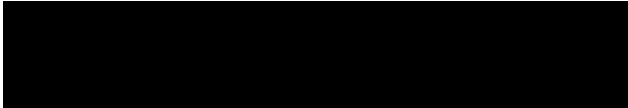**ADVISORY COUNCIL TO THE DISABILITY AND AGING SERVICES COMMISSION**
MEMBERSHIP APPLICATION FORM

1. Name: Ivy Fang _____   Chang _____
          First   Middle   Last

    _____
    Street

    San Francisco _____   CA _____   94121 _____
    City   State   Zip

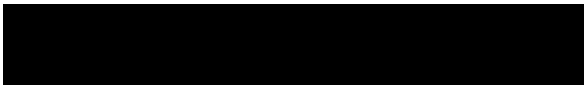3. Telephone Numbers: Home: 415-752-6854   Work: _____

4. Current Employer: Retired _____

    Address: _____
             Number   Street

    _____
    City   State

6. Will you be able to commit the time necessary to carry out the duties of a member of the
    Advisory Council?
                    X ____Yes _____No

7. Are you willing to serve on at least one Advisory Council committee?
                    X ____Yes _____No

8. What is your educational background?

    State College San Francisco _____

    _____

    _____

    _____

9. List Organizations and Clubs of which you are a member.

Self Help for the Elderly

_____

_____

10. List areas of special interest (e.g. housing, transportation, mental health).

Housing, Mental health

_____

_____

11. Check one of the following (optional):

_____ African American

_____ Asian/Pacific Islander

_____ Japanese

__X___ Chinese

_____ Filipino

_____ Samoan

_____ Korean

_____ Other

_____ Caucasian

_____ Latino/Hispanic

_____ Central American

_____ Mexican American

_____ Other

_____ Native American

_____ Other _____

_____   10/26/2023_____
            Signature of applicant   Date

return to: Ravi Durbeej
                Ravi.Durbeej@sfgov.org
                Department of Aging and Adult Services
                1650 Mission Street, 5th Floor
                San Francisco, CA 94103
                (415) 307 - 0609