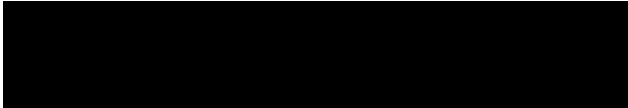




**ADVISORY COUNCIL TO THE DISABILITY AND AGING SERVICES COMMISSION  
MEMBERSHIP APPLICATION FORM**

1. Name: Ivy Fang Chang  
First Middle Last



Street

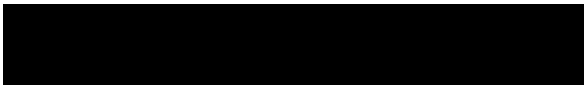
San Francisco CA 94121  
City State Zip

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?  Yes  No

7. Are you willing to serve on at least one Advisory Council committee?  
 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
- Chinese
- Filipino
- Samoan
- Korean
- Other
- Caucasian
- Latino/Hispanic
- Central American
- Mexican American
- Other
- Native American
- Other \_\_\_\_\_



Signature of applicant

10/26/2023

Date

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