

**Kentucky Commission on the Deaf and Hard of Hearing
Commission Membership Application Form**

For Office Use Only: Date application received _____

Commission Seat: _____ **Term:** _____ **to** _____

Applicant: _____ Home Phone: _____
(Voice, TDD or V/TDD)

Residential Address: _____ City, State, Zip: _____

Occupation: _____

Do you or any members of you family have hearing loss? If yes, please indicate who _____

- Please list any communities or professional organization (s) of which you are an active member. Indicate if you are an Officer or Board member in any of these organizations:

- Do you have any personal, family or professional interests that relate to the work of the citizens group for which you have been nominated? Yes _____ No _____

If yes, please specify: _____

References: (List three persons not related to you, who you have known at least one year)

1. _____

Name Address Phone number

2. _____

Name Address Phone number

3. _____

Name Address Phone number

