



UNIVERSITY OF MIAMI MAILMAN CENTER
A University Center for Excellence in Developmental Disabilities

THE MAILMAN ADVISORY COUNCIL (MAC)
APPLICATION FOR MEMBERSHIP

The Mailman Center for Child Development at the University of Miami is seeking interested advocates: self-advocates, family members, and professionals, to serve as members on the Mailman Advisory Council. The Mailman Advisory Council (MAC) is charged with the responsibility of assisting the Director of the Center in the review of programs and the development of strategies to market the services of the Center. The council meets two (2) to three (3) times a year at the Mailman Center on a Wednesday morning from 10:00 a.m. to 1:00 pm. Cost of parking and respite care is reimbursed.

The Mailman Center's mission is to enhance the lives of individuals with disabilities or special healthcare needs and their families through an interdisciplinary approach to training, service, research, and technical assistance. We believe that the opinions of families who have a member with a disability and individuals with disabilities are great assets in the development and delivery of services and innovative research and training.

If you would be interested in volunteering to improve the lives of individuals with disabilities or special healthcare needs by serving on the Mailman Advisory Council (MAC) for the Mailman Center for Child Development, please fill out the information below and return to the address below.

Name: _____

Address: _____

Telephone (Day): _____ Telephone number (Eve): _____

Email: _____

Optional questions:

Male: _____ Female: _____ Age: _____ Ethnic Origin: _____

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1. Are you an individual with a disability or special healthcare needs?

Yes: _____ No: _____

If yes, please describe the disability or special healthcare need:

2. Are you a parent or sibling of an individual with a disability or special healthcare needs?

Yes: _____ No: _____ Age of individual with special needs: _____

3. Are you a professional who works in the field of developmental disabilities?

Yes: _____ No: _____

If yes, please describe: _____

4. What are your interests in serving on the Mailman Advisory Council?

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