



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

**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 four (4) times a year, twice at the Mailman Center on a Wednesday morning from 10:00 a.m. to 1:00 pm, and twice via conference call also on a Wednesday from 11:30am to 12:30pm. 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: \_\_\_\_\_

*Improving lives through* **INNOVATION**, **IMPACT**, and **CONNECTION**

*August 2018*



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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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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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