



2026-2028 Membership Application

If you are interested in serving on the Aging Adult Dependent Care Committee (AADCC), please complete the fillable form below and e-mail this membership application with your supervisor's signature of concurrence to:

Susan Borst, Child and Family Program Manager, Division of Amenities and Transportation Services (DATS), Office of Research Services (ORS), susan.borst@nih.gov

Name: _____ **Title (select one):** _____

Position: _____

Institute/Branch/Section: _____

Office Telephone Number: _____

E-mail: _____

NIH Mailing Address: _____

Tell us about yourself (brief description of your current duties, past experience, committees on which you serve, other volunteer activities, etc.):

Please share your skills, strengths and experiences that will be an asset to the AADCC:

Describe why you wish to serve on the AADCC and specify any special concerns and/or interests you have related to Adult Dependent care:

Supervisor's Name: _____ **Title (select one):** Ms. _____

Supervisor's Position: _____

Supervisor's NIH Mailing Address: _____

Supervisor's Signature: _____ **Date:** _____

****All submissions are due no later than November 14, 2025****