



2027-2029 Membership Application

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

Child and Family Programs Manager, Division of Amenities and Transportation Services (DATS)
Office of Research Services (ORS)
Building 31, 3B23, MSC 2009

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):** _____

Supervisor's Position: _____

Supervisor's NIH Mailing Address: _____

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

****All submissions are due no later than November 13, 2026****