



SONOMA COUNTY REGIONAL PARKS

SonomaCountyParks.org ♦ parks@sonoma-county.org
Phone (707) 565-2041 ♦ Fax (707) 579-8247

Access Membership Application and Instructions

For this program, a permanently disabled person is defined as anyone with a physical or mental impairment that substantially limits one or more major life activities and has a current record of such impairment.

The cost of this membership is \$29 (price subject to change).

The Access membership entitles its bearer to day-use parking, camping fee discounts and other member benefits. The membership is not transferable and may be revoked for misuse.

When submitting eligibility documentation, please blackout sensitive or confidential information such as medical diagnoses, Social Security numbers, wages, etc. Regional Parks will not keep documentation on file. With in-person applications, a staff member will review documents and return to the applicant. For applications submitted by mail or email, a staff member will review and then shred or delete the documentation.

Once your application and qualifications have been approved, Regional Parks will contact you to process your application and payment.



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Instructions:

1. Complete Sections 1 and 2 and sign.
2. Complete Section 3 only if you are qualifying with a doctor's certification of your disability.
3. Application and proof of certification may be submitted in person, via email (parks@sonoma-county.org), or mailed to Sonoma County Regional Parks, 2300 County Center Drive, Suite 120A, Santa Rosa, CA 95403.
 - If applying by email or mail and paying by credit card or money order, Regional Parks will contact you with payment instructions after your application is approved.
 - If applying by mail or in person and paying by check, please make check payable to Sonoma County Regional Parks.

Application:

1. Applicant Information			
Name (Last, First, MI – please print or type):			
Address:			
City / State / Zip:			
Phone No.		E-Mail Address:	
Payment Type:	<input type="checkbox"/> Money Order	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
2. Certification Information (check one)			
<input type="checkbox"/> State Regional Center Certification (attach copy)			
<input type="checkbox"/> DMV Permanently Disabled Person Parking Placard (attach copy of <u>placard registration</u>)			
<input type="checkbox"/> DMV Permanently Disabled Person Vehicle License Plates (attach copy of <u>vehicle registration</u>)			
<input type="checkbox"/> SSDI Verification (attach copy SSDI Award Certificate)			
<input type="checkbox"/> Medicare Card if under the age of 65 (attach copy of card and proof of age)			
<input type="checkbox"/> Doctor Certification (Doctor must complete Section 3 below)			
3. Doctor Certification			
Doctor's Name:		Professional License No:	
Business Address:		Business Phone:	
City / State / Zip:			
Doctor's Signature:		Date:	

APPLICANT CERTIFICATION

I certify under penalty of perjury that I am permanently disabled and that the foregoing is true and correct.

Applicant Signature: _____

Date: _____