



**CAC MEMBERSHIP APPLICATION FORM**

CAC #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: Work: \_\_\_\_\_

Home: \_\_\_\_\_

PHONE: (HOME): \_\_\_\_\_ (BUSINESS): \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATION: High School - \_\_\_\_\_

College - \_\_\_\_\_

Other - \_\_\_\_\_

Reason for Desiring a CAC Membership: \_\_\_\_\_

Other Organizations/Activities/Publications: \_\_\_\_\_

Particular Interests: Planning, Evaluation, Legislation: \_\_\_\_\_

Please give us your opinion on the present state of the mental health services in your catchment area and recommendations for further planning including changes you might see as necessary:

Would you be willing to receive some of your mailings via e-mail? Yes \_\_\_\_\_ No \_\_\_\_\_

What committees are you currently on or would like to be on (check all that apply)

Review & Evaluation Committee \_\_\_\_\_ Legislative Committee \_\_\_\_\_

Planning Committee \_\_\_\_\_ Membership Committee \_\_\_\_\_

Other \_\_\_\_\_

Would you like to receive Legislative Alerts via e-mail? Yes \_\_\_\_\_ No \_\_\_\_\_