LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY Consumer Action Committee (CAC)

Membership Application

Membership in the CAC, a voluntary LCMHA Board appointed position, is a leadership role which includes representatives of persons from all areas of service provided by LCMHA. Membership includes attending monthly/bi-monthly meetings, taking a leadership role in improving the System of Care for persons served by LCMHA, offering feedback to the LCMHA Board and staff regarding behavioral health issues in our community, as well as other leadership roles as they become available. This application is considered your Letter of Intent to become a member of the Lenawee Consumer Action Committee.

Na	Name: Teleph	one #:
A	Address: Email:	
Pa	Past member of CACYesNo I am willing to commit to a 2-3	year term:YesNo
1.	1. I bring the following skills, strengths, talents and gifts to the CAC.	
2.	2. I am willing to hear likes and concerns in our community about or voice on the CAC to improve services for the whole.	ur System of Care and be their
3.	 I am willing to be the voice of the people I represent through lead educational and other programs. 	ership roles in community forum,
4.	Here are ways I will try to help others in the recovery process as personal agendas out of the meetings.	a CAC member, and keep
5.	5. Other things you would like us to know about you:	
ΡI	Please email completed application to: smineff@lcmha.org	