



Lewis and Clark County Behavioral Health Local Advisory Council Membership Application

Please complete this form and return it to the following address:

Lewis and Clark County Behavioral Health Local Advisory Council, Attn: Behavioral Health.
1930th Ninth Street, Helena, MT 59601 or e-mail jjennings@lccountymt.gov

Name: _____

Affiliation: _____

Address: _____

_____ **MT** _____
city state zip

Date: _____

Phone: _____ (home)

_____ (work)

_____ (cell)

Email: _____

I am applying for membership to:

Lewis and Clark County Behavioral Health Local Advisory Council

Please write a brief statement explaining why you would like to serve on the Council named above:

Experience:

Organization/Business: _____

Education: _____

Work Experience (Current and Recent): _____

Community Service/Volunteer or Consumer Experience: _____

Occupational Information:

Occupation: _____

Elected offices held: _____

References:

Please provide the name, address, phone number and email of two people who can attest to your ability to serve in an advisory capacity.

1) _____

2) _____

Applicant Signature