

VINFEN BEHAVIORAL HEALTH ADVISORY COUNCIL

NEW MEMBER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Telephone: _____ E-Mail: _____

Membership Type: ☐ Client ☐ Family Member ☐ Community Leader/Advocate

WHY ARE YOU INTERESTED IN JOINING THE VBH ADVISORY COUNCIL?

Briefly explain your reasons for wanting to join the VBH Advisory Council. Also, please describe any previous experience working with advisory councils or work experience which would be relevant. (Attach additional pages, if necessary).

ARE YOU AVAILABLE TO MEET ON THE SECOND WEDNESDAY EACH QUARTER AT 6PM?

☐ Yes ☐ No

HOW DID YOU HEAR ABOUT THE VBH ADVISORY COUNCIL?

- ☐ Current Council Member
☐ Vinfen Staff
☐ Online (Vinfen website, social media, etc.)
☐ Other: _____

PLEASE RETURN THIS APPLICATION TO VBH LOWELL:

- Via email to: BHInfo@vinfen.org
- Via fax at (978) 441-9826
- Or in person or by mail at **40 Church Street, Lowell, MA 01852**

VINFEN BEHAVIORAL HEALTH LOWELL



40 Church Street
Lowell, MA 01852



P: 978-674-6744
F: 978-441-9826

VINFEN BEHAVIORAL HEALTH LAWRENCE



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