

**Application for Membership
Consumer and Family Advisory Committee (CFAC)
Western Highlands Network
Page 2**

PLEASE CHECK THE ITEMS BELOW THAT WOULD BE A BARRIER TO YOUR PARTICIPATION:

___ Transportation

___ Child Care or Care of a Family Member

___ Schedule including working hours, etc.

___ Other: (please list)

DO YOU HAVE EXPERIENCE REPRESENTING THE INTEREST AND NEEDS OF CONSUMERS AND THEIR FAMILIES?

Yes _____

No _____

PLEASE EXPLAIN IF "YES"

OTHER INFORMATION YOU WISH TO BE CONSIDERED:

SIGNATURE OF APPLICANT OR THEIR REPRESENTATIVE:
