

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

Please complete and return to:

*Nancy Baker, CFAC Chair  
c/o Sheila King  
Western Highlands Network  
356 Biltmore Avenue  
Asheville, NC 28801*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

**DISABILITY AREA REPRESENTED:**

- \_\_\_\_\_ MENTAL HEALTH  
\_\_\_\_\_ DEVELOPMENTAL DISABILITY  
\_\_\_\_\_ SUBSTANCE ABUSE

**STATUS:**

- \_\_\_\_\_ CONSUMER                      \_\_\_\_\_ FAMILY MEMBER OF CONSUMER  
\_\_\_\_\_ REPRESENTATIVE FOR ADULT      \_\_\_\_\_ REPRESENTATIVE FOR CHILD

**COUNTY YOU WOULD REPRESENT (LOCATION OF YOUR PRIMARY RESIDENCE):**

- \_\_\_\_\_ BUNCOMBE      \_\_\_\_\_ HENDERSON      \_\_\_\_\_ MADISON      \_\_\_\_\_ MITCHELL  
\_\_\_\_\_ POLK              \_\_\_\_\_ RUTHERFORD      \_\_\_\_\_ TRANSYLVANIA      \_\_\_\_\_ YANCEY

**REASON FOR INTEREST IN SERVING ON THE COUNCIL:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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**ORGANIZATIONS WITH WHICH YOU ARE AFFILIATED:**

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**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)

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

Yes  No

**IF "YES" PLEASE EXPLAIN**

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**OTHER INFORMATION YOU WISH TO BE CONSIDERED:**

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**SIGNATURE OF APPLICANT OR THEIR REPRESENTATIVE:**

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