



### **Advisory Council**

### **Application for Membership**

Thank you for your interest in serving on the Family Caregiver Support Program's Advisory Council. We seek individuals who have a commitment to older adults and family caregivers, the time to devote to committee work, and the willingness to share their expertise.

Please complete this application to assist the Director of the Family Caregiver Support Program in learning more about you.

Name:
Address:
Phone:
Email:
Employer (if employed):
Job Title:
Why are you interested in joining the Advisory Council, and what makes you a good fit to support family caregivers?