



Consumer Action Committee (CAC)

Membership Application

Being a member of the CAC is a leadership role. You will help improve services at Lenawee Community Mental Health Authority (LCMHA). Members go to meetings once a month, give feedback on health issues, and take on other tasks. This application shows you want to join the Lenawee Consumer Action Committee.

Name: _____

Telephone #: _____

Address: _____

Email: _____

1. I am a past member of CAC __Yes __No
2. I am willing to commit to a 2-3 year term: __Yes __No
3. I want to listen to what our community thinks about our services and speak up for them to make things better. __ Yes __ No
4. I want to help people by being a leader in community meetings and other programs.
__ Yes __ No
5. I bring the following skills, strengths, talents and gifts to the CAC:

6. I will support others in their recovery as a CAC member and keep personal plans out of the meetings by doing these things:

Other things I want CAC to know about me:

Please email completed application to:
smineff@lcmha.org