



**DISABILITY
LAW
CENTER**

Utah's Protection and Advocacy Agency

PAIMI ADVISORY COUNCIL MEMBERSHIP APPLICATION

Name
Street
City, State, Zip
Work Phone
Home Phone
E-Mail
Occupation

Please check one:

- Primary Consumer** (a person with a mental illness who has received or is receiving mental health services)
- Secondary Consumer** (a family member of an individual with a mental illness who has received or is receiving mental health services)
- Mental Health Professional** (someone who works with the provision of mental health services to individuals affected with and impacted by mental illness)
- Other** (please describe) _____

Please answer the following questions on a separate sheet of paper:

1. Why are you interested in serving on the PAIMI Advisory Council?
2. What is your of interest within the Disability Law Center?
3. What specific expertise would you bring to the PAIMI Advisory Council?
4. Please list any current boards you serve on:
5. Please list any boards you previously served on:
6. Please add any additional information you feel would help the Council get to know you better.

Please mail, e-mail or FAX application to:

Disability Law Center
205 North 400 West
Salt Lake City, UT 84103
1-800-662-9080 Voice/TDD
(801) 363-1437 FAX
ccurtis@disabilitylawcenter.org
Attention: Camille Curtis