

vinfen.org/behavioral-health

VINFEN BEHAVIORAL HEALTH ADVISORY COUNCIL

NEW MEMBER APPLICATION

Name:		Date:
Address:		
City:	State:	ZIP:
Daytime Telephone:	E-Mail:	
Membership Type: 🗌 Client	Family Member	Community Leader/Advocate
	anting to join the VBH Advis advisory councils or work e gary).	COUNCIL? Fory Council. Also, please describe any experience which would be relevant.

ARE YOU AVAILABLE TO MEET ON THE SECOND THURSDAY EACH QUARTER AT 6PM?

Yes No

HOW DID YOU HEAR ABOUT THE VBH ADVISORY COUNCIL?

Current Council Member
Vinfen Staff
Online (Vinfen website, social media, etc.)
Other:

PLEASE RETURN THIS APPLICATION TO VBH LOWELL:

- Via email to: <u>BHInfo@vinfen.org</u>
- Via fax at (978) 441-9826
- Or in person or by mail at 40 Church Street, Lowell, MA 01852

P: 978-674-6744

F: 978-441-9826

VINFEN BEHAVIORAL HEALTH LOWELL

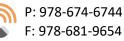
40 Church Street

Lowell, MA 01852



Lawrence, MA 01840





439 S. Union Street, Suite 207A

VINFEN BEHAVIORAL HEALTH LAWRENCE