



Application for Membership on (choose):

- Legislative & Advocacy Committee (LAC)
- Consumer Advisory Panel (CAP)

The Lakeshore Regional Entity (LRE) Board appoints individuals who are served by its services to advise the organization on matters related to legislation, advocacy and consumer engagement.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

Regional Representation

The LRE seeks representation from individuals in the following locations. In which area do you reside?

- Allegan County (served by Allegan CMH)
- Kent County (served by Network180)
- Muskegon County (served by HealthWest)
- Ottawa County (served by Ottawa CMH)
- Lake County (served by West Michigan CMH)
- Oceana County (served by West Michigan CMH)
- Mason County (served by West Michigan CMH)

Interest in Serving

The LRE seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am: a Primary or Secondary Consumer LRE Board Member
- Service Provider (agency) Community Member/Representative

Consumer Population Relationship:

- Services for persons with Developmental or Intellectual Disabilities
- Services for persons with Mental Illness
- Services for persons with Serious Emotional Disturbance (children)
- Services for persons with Substance Use Disorders
- Other services (describe):

Time Commitment

Both the LAC and the CAP meet a minimum of 4 time per year*. We request that you commit to attending all meetings. Can you make this commitment? Please note that attendance by tele-conference and virtual platforms is also available.

- Yes
- Yes, with accommodation
- No

*Meeting frequency may vary as agreed upon by the committee.

Special Skills or Qualifications

Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

--

Previous Board/Committee Experience

Please tell us about your previous experiences serving on boards or committees.

--

How Did You Hear About Us?

- From a current LAC/CAP Member (Their name: _____)
- CMH/Customer Services Social Media
- CMH Website LRE Website
- Other: _____

Person to Notify in Case of Emergency (optional)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an LAC or CAP member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

When finished – please return form to the Customer Services representative of your area CMH agency.