Los Angeles County Department of Mental Health
Service Area ____ Membership Application

Please note that incomplete applications will delay the review process.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Organizational Affiliation (*professional, community member, and agency or organization representative*) **if applicable**:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Membership: Please mark the primary stakeholder background you want to represent as a regular voting member in the Service Area:

☐ Adults and seniors with severe mental illness (SMI)   ☐ Native American

☐ Families of children, adults, and seniors with SMI   ☐ American Pacific Islander

☐ Mental health providers (non-managerial staff)   ☐ Latino

☐ Social services providers (non-managerial staff)   ☐ African and African American

☐ Veterans   ☐ Eastern European/Middle Eastern

☐ Veterans advocacy organizations   ☐ Deaf, Hard of Hearing, Blind

☐ Law enforcement   ☐ LGBTQ12-S

☐ Educational organizations   ☐ Other: _____

☐ Grassroots organizations that advocate for the interests of communities of color, immigrants, racial and health equity, cultural inclusion, disability rights, etc.

Service Area _____ Membership Application

Representative Questionnaire:

How do you feel you could contribute to the success of the Service Area?

How are you willing to give time, energy and resources to support the Service Area?

Voting members stay connected to the Service Area through meeting attendance, committee work, community events, e-mail and other communications. Do you have the time and resources to be an active representative of the Service Area?

What do you believe are the two most significant issues or problems facing the Service Area?

Consent and Certification

I acknowledge that the County of Los Angeles Department of Mental Health may contact other entities or other persons to confirm the information I have provided.

I certify that all statements and representations made in this application are true and correct, and I reside within the Service Area identified in the application.

Signature: _____ Date: _____