

Consumer Advisory Committee (CAC) Member Application

Section 1: Member Information			
Name:			
Mailing address:			
Mailing city:		Mailing zip code:	
Home address: <input type="checkbox"/> Same as mailing address			
Home city:		Home zip code:	
County in which member lives:			
Home phone:		Cell phone:	
Email address:			
How should we contact you:	<input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other (<i>please state below</i>): _____		
Relationship to Partnership member:	<input type="checkbox"/> Member (Self) <input type="checkbox"/> Advocate / Parent / Guardian		
Check which box you relate to:	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Trans woman <input type="checkbox"/> Trans man		
Check which box you relate to:	<input type="checkbox"/> White <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native American <input type="checkbox"/> Other (<i>please state below</i>): <input type="checkbox"/> Filipino _____		



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We want CAC members to give input during meetings. Do you think you will be able to do this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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CAC meets in-person 4 times a year. Will you be able to come to all of the meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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Section II: Member Experience

Are you currently a member of any public service position, group, or committee? If yes, please list below: <i>*Note: This includes other Partnership committees.</i>	Dates served:

Why would you like to join Partnership’s CAC? Please list any skills, abilities, or views that you could bring to CAC?

Any other comments?

Member Signature:		Date:	
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Note: Partnership HealthPlan of California is committed to equity, inclusion, and diversity. This form helps us move toward our goal of making sure that CAC reflects the members we serve.

