

**Application for Membership  
PAIMI Advisory Council  
Advocacy Center for Persons with Disabilities, Inc.**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number Street (Apt.)

\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*PAIMI Advisory Council Members Qualifications\*\*\***

- Members should have a demonstrated history of commitment to individual advocacy
- Interest in the program and goals of PAIMI
- Ability to meet four times annually face-to-face
- Able to attend telephone meetings on an as needed basis
- Assist PAIMI staff members on an individual basis as issues arise and members are able.

In order to be effective member, experience in the Florida mental health service delivery system is essential. Members are representing the needs of individuals in their own communities and as such need regular local contact. The Advocacy Center depends on the Advisory Council members regarding input into the planning process on an annual basis, as well as ongoing feedback regarding services. The Advocacy Center supports recovery, resiliency and the transfunction of the mental health service delivery system in Florida.



Advisory Council Guidelines require that Advisory Council composition reflect the demographic profile of the state of Florida, including age, race, ethnicity, gender and geographic distribution. In addition, the Advisory Council must have representation from individuals who have received mental health services, their family members and other targeted individuals. The following questions are designed to assist the Advisory Council in obtaining and maintaining a balanced composition.

