

Application for Membership in the Arizona Peer and Family Coalition

Thank you for your interest in becoming a member of the Arizona Peer and Family Coalition!

Please take a moment to read and acknowledge the vision, values, and purpose of the coalition as extracted from our bylaws below to ensure you understand and agree to make a positive contribution:

- **Section 2.1** To increase public support for the awareness of mental health issues in the general community that reduces stigma, promotes the value of human worth, and generates community acceptance of persons diagnosed with mental illness.
- **Section 2.2** To recognize and celebrate both the uniqueness and talents of persons with mental illness through noting individual accomplishments and contributions to the community.
- **Section 2.3** To publicly recognize the contributions of individuals, families, and organizations within the community who have accomplished, implemented, and or promoted the betterment of persons with mental illness.
- **Section 2.4** To inform the public and policy makers of the problems and needs of persons with mental illness, and promote and conduct public education program
- **Section 2.5** To enable persons with mental illness to transform and improve the Arizona Behavioral Health System.

By signature below and submission of this application, I certify that I have read, understand, and agree to support the mission, vision, and purpose of the Arizona Peer and Family Coalition through my active participation. I also understand that membership is not required to attend/participate in meetings of the general membership, but choose to join so that I can be part of the powerful transformation of Behavioral Health Service Delivery in the State of Arizona:

NAME: _____ DATE: _____

COUNTY of RESIDENCE: _____

ADDRESS (optional): _____

BEST CONTACT PHONE: _____ EMAIL: _____

WHY I WANT TO JOIN THE COALITION: _____

SIGNED: _____ DATE SUBMITTED: _____

FOR COALITION BOARD USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

DATE MEMBERSHIP RECORDED IN APPROVED MINUTES: _____

BOARD DIRECTOR SIGNATURE/DATE: _____