



GEORGIA BEHAVIORAL HEALTH PLANNING & ADVISORY COUNCIL

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gbhpac@gmhcn.org

Membership Application Form

Date: _____

Name: _____

Agency/Organization: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Representative Group (please check all those that apply):

- Individual in Recovery (from mental health concern)
- Individual in Recovery (from substance use disorder)
- Young Adult in Recovery (from mental health concern age 18-25 years only)
- Young Adult in Recovery (from substance use disorder 18-25 years only)
- Family Member of an Adult in recovery (from mental health concern)
- Family Member of an Adult in recovery (from substance use disorder)
- Parent/Guardian of a Child or Young Adult (with mental health concern up to age 25 only)
- Parent/Guardian of a Child or Young Adult (with substance use disorder up to age 25 only)
- Employee of a state agency
- Provider of services
- Member of federally recognized tribe
- Individual/Family Member from Diverse Racial, Ethnic, and LGBTQ populations
- Providers from Diverse Racial, Ethnic, and LGBTQ populations
- Others _____

Please identify the Committee that you wish to serve

- Advocacy
- Membership/Nominating
- Planning
- Other _____

Please provide a brief description of your experience or expertise in the field of behavioral health services to support the Council's recommendations membership to the Georgia Behavioral health Planning and Advisory Council (please attach a CV if available). This may include positions of employment, volunteer endeavors, and other appointments. This information will then be forwarded to the DBHDD commissioner as your bio to support appointment to membership.

Email to: Jean Toole, jtoole@communityfriendship.org and/or to Aisha Northington, gbhpac@gmhcn.org