Application for Membership to the KY Protection and Advocacy
For Individuals with Mental Illness (PAIMI) Advisory Council

NAME:_____ Date:_____
ADDRESS: _____
City: _____ State: _____Zip Code: _____
COUNTY: _____

PHONE: (home) ( ) _____ (work/cell) ( ) _____
EMPLOYER: _____
E-Mail: _____

Please check all the ones that apply to you:

___Mental Health Professional
___Parent of child with mental illness
___Advocate
___Consumer
___Attorney
___Service Provider
___Other (Interested in mental health issues

Why are you interested in serving on the PAIMI Council?

What new information do you think that you can share with Council members as it pertains to mental health issues?

What are you doing in your community to promote mental health awareness? Please explain.

How do you feel you are making a difference in the mental health community?

Are you serving on any other Advisory or policy-making Boards? If so, which ones?

Will you be able to attend at least 3 quarterly meetings a year?

Are you associated by employment or financial investment with any public or private agency that provides services to individuals who have mental illness? EXPLAIN:

PLEASE RETURN BY_____, _____ to:

Susan Abbott
PAIMI Program Director
Protection & Advocacy Division
5 Mill Creek Park
Frankfort, KY 40601