



One Fordham Plaza, 11th Floor
 Bronx, New York 10458
 Tel: (718) 405-7720
 Fax: (718) 741-5460
 Email: elarrier@bchnhealth.org

Community Advisory Council
Membership Application

Please complete this application form and return it to Bronx Community Health Network, Inc. at 1 Fordham Plaza, Suite 1108B, Bronx, NY 10458.

A. GENERAL DATA

NAME _____
Last First Middle Initial

ADDRESS _____
Street # Name Apt #

City State Zip Code

TELEPHONE Home (_____) _____ Work (_____) _____ Cell/Pager (_____) _____
Area Code Area Code Area Code

FAX _____ **E-MAIL ADDRESS** _____
Area Code

I prefer to receive Bronx Community Health Network's Inc., mail: at home via e-mail

If you prefer to receive via e-mail, please provide email address:

E-Mail Address: _____

B. PREVIOUS ORGANIZATION OR VOLUNTEER EXPERIENCE

Please provide the following information for each Board of Directors on which you have served.

Organization Service	
Organization Name	
Dates of Service	
Leadership Positions Held, if any, and Length of Time	
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1. Please describe your specific or unique qualifications that would qualify you as an effective Community Advisory Council member.

2. Please provide examples of your strategic contributions in your previous volunteer positions.

C. PROFESSIONAL DATA

OCCUPATIONAL & EDUCATIONAL EXPERIENCES & SKILLS THAT MAY BENEFIT THIS BOARD

(Please submit a biographical sketch for office use)

CURRENT OCCUPATION _____ **TITLE** _____

RETIRED *Yes* *No*
(If retired, indicate former occupation & title)

SKILLS _____

EDUCATION _____

PROFESSIONAL OR COMMUNITY ORGANIZATIONAL AFFILIATIONS (professional, social, religious, etc.)

