



## APPLICATION FOR MEMBERSHIP

Protection & Advocacy System, Inc. (P&A)  
PAIMI Advisory Council

**Return to:**

7344 Stockman Street  
Cheyenne, WY 82009  
1-307-635-7817  
1-800-654-7972

wypanda@wypanda.com  
www.wypanda.com

**PERSONAL DATA:**

Name: \_\_\_\_\_

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

Street

City/Town

State

Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Check box(es) that apply:

☐ Presently Employed

☐ Full-Time

☐ Part-Time

☐ Presently Unemployed

☐ Retired

☐ Volunteer

Present or Past Occupation, Profession, or Job Title, if applicable: \_\_\_\_\_

Briefly describe the paid or volunteer work: \_\_\_\_\_

If you are presently employed, will you be able to take time off from work to attend PAIMI Advisory Council meetings?

☐ Yes

☐ No

☐ SOMETIMES

Are you willing to travel to various Wyoming locations, with P&A reimbursement, to attend meetings?

☐ Yes

☐ No

☐ SOMETIMES

**EDUCATION:** \_\_\_\_\_

**OTHER:**

List organizations, boards, commissions, and councils on which you are presently serving or have served in the past: \_\_\_\_\_

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Briefly describe why you would like to serve on the PAIMI Advisory Council and what you would hope to achieve as a PAIMI Advisory Council Member: \_\_\_\_\_

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Briefly describe any assistance you may need in order to attend PAIMI Advisory Council meetings (such as attendant care, specialized transportation, etc.): \_\_\_\_\_

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Please check below what applies to you:

\_\_\_\_ Attorney; \_\_\_\_ Mental health professional; \_\_\_\_ Individual knowledgeable about mental illness; \_\_\_\_ Provider of mental health services; \_\_\_\_ Individual receiving or who has received mental health services; \_\_\_\_ Individual with a family member receiving or who has received mental health services.

Please disclose any potential conflicts of interest: \_\_\_\_\_

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Print Name

Signature

Date

(Applications will be kept on file for one year)

Federal funding sources require the collection of the following information. Your response is  
**STRICTLY VOLUNTARY.**

**ETHNICITY**

Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

**RACE**

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Two or more races \_\_\_\_\_

Some other race \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

**GENDER IDENTITY AND SEXUAL ORIENTATION**

Female/Woman \_\_\_\_\_ Male/Man \_\_\_\_\_ Prefer not to answer \_\_\_\_\_