

**Application to serve on the Fergus County Local Advisory Council
Board Member Application***

Name: _____

Organization/Agency and Title (if applicable): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Personal Information

Experience you bring to the Fergus County Local Advisory Council:

Please indicate your preferred length of term:

Please write a brief statement explaining why you would like to serve on the Fergus County Local Advisory Council:

In your view, what is the most important mental health issue facing Fergus County?

*If the board is full upon receipt of an application, we will keep the application on file until a seat opens.