

Arizona Caregiver Coalition

Membership Form

Welcome to the ACC. We are glad to have your participation.

Please complete the following information so we can keep you informed as we network, grow, and strive to support caregivers throughout Arizona:

Type of Membership (check one)

_____ Individuals (caregivers & care recipients, volunteers)

_____ Caregiver Support Agency (non-profit and government)

_____ Caregiver Corporate Sponsor (CG product manufacturers, insurance, legal, etc)

Name of Agency or Company (if applicable) _____

Note: There can be multiple active individuals from a single member agency or company.

Your Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail address: _____

T-Shirt size: Sm Med Lg XL 2XL 3XL
(circle one)

In your view, or the view of your agency, what are the most important issues facing the family caregiver today?

What services does your organization provide to help the family caregiver?

What strengths do you bring as an individual?

What would you like to see the coalition focus on in the next year?

(please complete back of form)

Please indicate below your preference for committee assignment. If interested in serving on more than one committee, please indicate order of preference numerically. Committees will meet at least every two months, and meetings will be available either in person or via tele-conferencing/web-conferencing.

Committee Preference

_____ C – Collaboration and Coalitions

_____ A – Advocacy

_____ R – Respite

_____ E – Education

_____ Steering Committee

Membership Agreement

As a member of the Arizona Caregiver Coalition, I will strive to meet the following expectations:

- I agree to serve as a working member of the coalition, participating in committees and other work groups as possible.
- I agree to attend meetings to the best of my ability.
- I agree to educate and inform other coalition members of events in my community or other pertinent caregiver information.

Printed Name: _____

Signature: _____

DATE: _____

Please fax this completed form to:

602-542-6575, Attn: David Besst

Or

Mail to:

Arizona Caregiver Coalition
c/o David Besst, Caregiver Support Specialist
1789 W. Jefferson St. 950A
Phoenix, AZ 85007

To find out more about the Arizona Caregiver Coalition, please visit the website below. An online membership application should be available soon.

www.azcaregiver.org