

**Behavioral Health Advisory Council
Membership Application
(Organization/Agency)**

Organization/Agency Name:	Date:
Address: _____ _____	
Phone #:	
Organization Mission: _____	
<p>The Behavioral Health Advisory Council (BHAC) is a group representative of stakeholders in the behavioral health system. The BHAC was formed to address systemic issues, develop a strategic plan, establish a framework to create a cost reporting system, and establish outcomes measurement and quality improvement process for the behavioral health system.</p>	
Name of individual who will represent the organization/agency on the BHAC:	
Name of Alternate:	
Questions regarding the BHAC or the application process may be directed to: <p style="text-align: center;">BHAC Membership Subcommittee c/o Behavioral Health Advisory Council Secretary Office of Behavioral Health Services 350 Capitol Street, Room 350 Charleston, WV 25301-3702 (304) 558-0627</p>	
Please mail completed application to the above address.	

The information provided in this application is voluntary and is requested only to assist the membership subcommittee in ensuring diversity on the BHAC. I certify that the information I have given in this application is true and accurate to the best of my knowledge:

Signature of Applicant

Date