FAMILY COUNCIL MEMBERSHIP FORM

Name:	
Address:	
Home Phone: En	nail:
Resident:	
Resident's Relationship to You:	
Room	
Interest/Skills that you would be willing to share with the family council:	
Topics you would like presented/discussed at family council meetings:	
Would you be willing to serve on a committee?	Yes □ No □
FAMILY COUNCIL MEMBERSHIP FORM Name:	
Address:	
Home Phone: En	nail:
Resident:	
Resident's Relationship to You:	
Room	
Interest/Skills that you would be willing to share with the family council:	
Topics you would like presented/discussed at family council meetings:	
Would you be willing to serve on a committee?	Yes 🗆 No 🗆