



Family Advisory Council

Returning Application Form for Veteran Members

Thank you for your interest in returning for another term on the Family Advisory Council! Please bring this completed application to the next meeting and submit it to the Membership and Placement Coordinator.

Please note: The council strives to represent the patient population at the hospital both in terms of demographics and diagnoses. These considerations may influence the success of your application.

Please confirm your contact details:

Name: _____

Address: _____

Phone: _____

Email: _____

Please explain why you would like to continue your membership on the council for another year:

Also apply online at www.childrensnyp.org