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**Alcohol Policy Resource Center Advisory Council Member Application**

**First Name**

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| Click or tap here to enter text. |

**Last Name**

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| Click or tap here to enter text. |

**Affiliation**

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| Click or tap here to enter text. |

**Work Address – Including Street, City, State, and Zip Code**

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| Click or tap here to enter text. |

**Email Address**

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| Click or tap here to enter text. |

**Preferred Phone Number**

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| Click or tap here to enter text. |

* **Why are you interested in serving on the APRC’s Advisory Council?**

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| Click or tap here to enter text. |

* **Tell us about your relevant experiences, employment, or volunteer work.**

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| Click or tap here to enter text. |

* **What specific area(s) of expertise could you contribute to the Council?**

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| Click or tap here to enter text. |

* **What benefits would you hope to realize from participation on the Council?**

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| Click or tap here to enter text. |

* **What questions do you have related to this opportunity?**

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| Click or tap here to enter text. |

**Please save this document and email a copy to kellie.henrichs@prevention.org**

**Thank you!**