

POLICY COUNCIL MEMBER REPLACEMENT/UPDATE FORM

Date: _____ Center(s)_____

Type Information: _____ Member Replacement _____ Updated Contact Information

Name: _____

Address: _____

Phone: _____ (H) _____ (M)
_____ Cell _____ email

Type: _____ Parent Representative
_____ Parent Alternate
_____ Community Representative
_____ Community Alternate

Name of Person Being Replaced: _____

If Community Representative or Alternate, please state the community role that indicates this person is appropriate for Policy Council.

I understand the date of the first meeting I should attend is: _____

PC Rep/Alt _____ Staff _____

Date Signed _____ Date Signed _____

Instructions:

Please fax to Family Services Coordinator as soon as changes are made. Use one form for each member.