

**GMHC  
CLIENT ADVISORY BOARD  
APPLICATION for MEMBERSHIP**

**CAB Mission:** The mission of the GMHC's Client Advisory Board is to provide advice on the agency's programs and services. With a clear focus on providing program specific input, CAB works to ensure that GMHC is sensitive to the needs of HIV infected and affected persons.

**Meetings:** Six times a year; usually the 4<sup>th</sup> Thursday in Sept., Nov., Jan., March, May, July, from 3 PM to 5 PM

**Place:** 9<sup>th</sup> Floor Board Room

**Applicant Name:** \_\_\_\_\_

**Client Code:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone (or other contact method):** \_\_\_\_\_

**Reason for interest in CAB:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long have you been a GMHC client?** \_\_\_\_\_

**Name the GMHC Program Services which you have used:** \_\_\_\_\_

\_\_\_\_\_

***Please leave your application in one of the Suggestion Boxes, which are located on each of the client program floors.. Once your application is reviewed, you can expect a call to attend an Orientation session.***