



**Member Application: Advisory Council for Health Equity, Justice and Empowerment**

**As a member of the Advisory Council, you will help to advance our most important initiatives and programs to help support Brooklyn's thriving immigrant and marginalized communities. As a visionary leader, you'll join a select group of exemplary supporters who sustain our agency and secure its future. We hope you'll consider joining us as a visionary leader today!**

**For questions regarding this application or further information, please contact Spencer Casseus, Director of Development, Community Affairs and Partnerships at [scasseus@hccinc.org](mailto:scasseus@hccinc.org).**

1. First Name \_\_\_\_\_

2. Last Name \_\_\_\_\_

3. Affiliation / Title \_\_\_\_\_

4. Street Address \_\_\_\_\_

5. City \_\_\_\_\_

6. State \_\_\_\_\_

7. Zip \_\_\_\_\_

8. Home Phone \_\_\_\_\_

9. Work Phone \_\_\_\_\_

10. Email Address \_\_\_\_\_

11. Tell us about your relevant experiences and/or employment. *(Please feel free to attach resume/curriculum vitae or bio as a PDF or Word document)*

12. Why are you interested in serving on this advisory council?

13. What specific area(s) of expertise could you contribute to the advisory council?

14. What benefits would you hope to realize from participation on the advisory council?

15. What questions do you have related to this opportunity?