



**BRAIN AND SPINAL CORD  
INJURY ADVISORY  
COUNCIL**  
**APPLICATION FORM**



I am interested in serving on the Brain and Spinal Cord Injury Advisory Council.

Name: \_\_\_\_\_

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

Bus. Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  Home  Office

Pager: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

Race: \_\_\_\_\_

Gender:  Female  Male

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Representing:**

- Professional
- TBI Survivor
- Family Member/TBI

- SCI Survivor
- Family Member/SCI
- Special Needs of Children

Attach a current resume/vita and return to the attention of the Advisory Council Liaison at the following address: Brain and Spinal Cord Injury Program, 4052 Bald Cypress Way, Mail Bin C25, Tallahassee, FL 32399-1744. You may fax this information to (850) 921-0499.