



**Consumer Advisory Council  
 BACKGROUND INFORMATION**

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

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

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

The AzHeC Consumer Advisory Council seeks to reflect the diversity of Arizona. The following information is optional, but will help us in this effort:

**Sex:**  Female  Male

**Age:** \_\_\_\_\_

**Marital Status:**  Single  Married

**Children:**  Yes  No

**Race:**  White/Non-Hispanic  Hispanic/Latino  
 African American  Native American  
 Asian  Other

**Health Coverage:**  Employer  Individual  
 Medicaid  Medicare  
 Uninsured

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

**Background Information:**

Please briefly tell us about any organizations with which you have an affiliation, personal and professional interests, and why you would like to serve on the AzHeC Consumer Advisory Council.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return completed form to Melissa Rutala at [melissa.rutala@azhec.org](mailto:melissa.rutala@azhec.org), or fax to 602-288-5132. Call 602-288-5130 with any questions.