

## Relatives & Friends Council of Isabella

The Council is to work on behalf of all residents and families and friends of Isabella, to participate in efforts to enrich, enhance, and improve the quality of life for all residents of Isabella, to lend support to the administration and staff of Isabella, to establish a direct liaison with the administration and department heads with a view to resolving common and individual problems, and to suggest changes in programs or services for the benefit of Isabella and its residents.

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### Membership Application

Annual Membership dues are \$10.00 for the period of January 2010 – December 2010

*Please note if you are unable to pay the membership dues you may still participate in the gatherings. Dues go toward mailing the Minutes, Awards & Special Projects for the Residents.*

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Resident's Name: \_\_\_\_\_ Resident's Room #: \_\_\_\_\_

Are you the Designated Representative of the resident? Y  N  You're Related how? \_\_\_\_\_

**If No**, what is your Relationship to the Resident? **Circle one.** Sister Brother Cousin Partner Friend

Make your check or money order **Payable to:** Relatives & Friends Council of Isabella

**Mail to:**

\_\_\_\_\_  
Relatives & Friends Council  
\_\_\_\_\_  
\_\_\_\_\_

**-Or-** Drop off at the Department of Social Services (515 bldg. 2<sup>nd</sup> Floor)

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I will attend the Saturday afternoon meeting. Meeting are about 1 hour - See attached schedule.

I cannot attend the meeting but would like to become a member and receive the Minutes.

If you have any questions, please call \_\_\_\_\_ (10:00am – 5:00pm) or  
Email \_\_\_\_\_

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Please indicate an alternate that could attend the meetings if the Residents Designated Representative is unable attend. They will also receive any correspondence sent.

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_