

# Veterans' Healthy Minds Advisory Council - South Texas

## Membership Application

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_
4. Email \_\_\_\_\_ Can we release highlighted information to other VHMALST members or affiliate members?  Yes  No
5. I am a:  Veteran  Veteran Family Member  VSO  Community Partner  
 Other (Identify) \_\_\_\_\_
6. Skills I have that could be helpful to the VHMALST - (check all that apply)  
 People Skills  Social Media  Graphic Design/Art  Public Speaking  Photography  Outreach  
 Peer Support  Leading Discussions  Taking Notes  Writing  Lega/Policy  Event Planning  
Other:  
\_\_\_\_\_  
\_\_\_\_\_
7. Please list why you would like to serve on the VHMALST:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you currently affiliated with or representing other veteran's or community organization(s)?  
 Yes  No If yes, list organization(s) \_\_\_\_\_
9. Are you willing to join VHMALST staff at outreach events to increase awareness and access to VA or community services?  Yes  No
10. What do you want from this council (personally)?  
\_\_\_\_\_  
\_\_\_\_\_
11. What do you want this council to do/provide to Vets, family members, others?  
\_\_\_\_\_  
\_\_\_\_\_

Email to [VHMALST@gmail.com](mailto:VHMALST@gmail.com) or [davelp.lapointe@gmail.com](mailto:davelp.lapointe@gmail.com)

Fax to 888-896-9078

Return by hand: Audie L. Murphy VA Hospital  
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