

**Lakeridge Health  
Women's and Children's Healthcare  
Family Advisory Council**

Membership Application

Name:  
Home Address:  
City:  
Province:  
Postal Code:  
Telephone (day):  
Telephone (evening):

1. How have you used the Lakeridge Health Women's and Children's Services?
2. Briefly describe your special interests in or affiliation with Lakeridge Health Women's and Children's Healthcare:
3. Occupation:
4. Community involvements/professional affiliations:
5. What Areas of special interest/skill do you bring to this committee?:
6. Areas of focus you would like to see addressed by the Family Advisory Council:

**Please complete and return to:**

Family Advisory Council  
c/o Admin Assistant: Women & Children's Program  
G3 Birthing Suite  
Lakeridge Health Oshawa  
1 Hospital Court Oshawa, ON L1G 2B9  
Fax: 905-721-4760

E-mail: [familyadvisorycouncil@lakeridgehealth.on.ca](mailto:familyadvisorycouncil@lakeridgehealth.on.ca)