We'd like to invite you to partner with us by joining the Patient and Family Advisory Council. This council will meet every other month to provide input to the Ehrling Bergquist Clinic leadership in the planning and evaluation of services, programs and policies. Your voice can help us make better decisions. Here's what we'd ask of you, the ideal council member.

- Share insights and information about Work and interact well with a diverse your experiences
 - group
- Listen with empathy and respect the Availability for at least 1 years perspectives of others
- Speak comfortably in a group with sincerity

Email Questions to: usaf.offutt.55-mdg.mbx.pfac@mail.mil

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- **Ehrling Bergquist Clinic?**

\square Active Duty	\square Retired	□ Family Member

 \square M \square F

Sponsor's Rank _____

What best describes your affiliation with

 \Box 18-29 \Box 30-39 \Box 40-49 \Box 50-59 \Box 60+

ADDITION

AFFLICATION							
Name							
Address		City ——		Zip ——			
Email Address —		Best Phone ———					
Age Range □18-29 □30-39 □40-49 □50-59 □6			+		der 		
What best des	cribes your a	affiliat	ion with	l			
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Age Range				Gei	nder		



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