

**TEHAMA COUNTY  
DRUG AND ALCOHOL ADVISORY BOARD  
MEMBERSHIP APPLICATION**

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List organizations with which you have worked: \_\_\_\_\_

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

Give a brief statement as to why you are interested in being appointed to the Drug and Alcohol Advisory Board: \_\_\_\_\_

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

Would you be interested in serving on a committee? Yes  No

Are you able to attend monthly meetings? Yes  No  Daytime  Evenings  Both

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return application to:**

**Tehama County Health Services Agency  
Drug and Alcohol Division  
PO Box 400 (1850 Walnut Street, Suite G)  
Red Bluff, CA 96080**