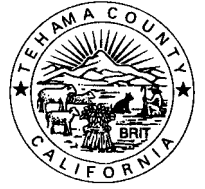


TEHAMA COUNTY HEALTH SERVICES AGENCY

Mental Health Division, PO Box 400, Red Bluff, CA 96080

(530) 527-5631



TEHAMA COUNTY MENTAL HEALTH 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 Mental Health Board:

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

Are you able to attend monthly meetings? Yes No

Signature

Date

Please return application to:

**Tehama County Health Services Agency
Mental Health Division
PO Box 400 (1860 Walnut St)
Red Bluff, CA 96080**