



# Tehama County

## PUBLIC HEALTH ADVISORY BOARD

### MEMBERSHIP APPLICATION

Name			
Mailing Address			
Phone		Work Phone	
Email		Fax	
Occupation		Employer	

List of organizations you have worked with:

Do you currently serve on any other boards or committees that could potentially be a Conflict of interest:

Give a brief statement as to why you are interested in being appointed to the Public Health Advisory Board (PHAB):

Please designate an Alternate Member who will be appointed along with you by the Board of Supervisors. Alternates will have the privilege of voting as designated representatives in the member's absence.

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The PHAB has multiple committees covering Public Health topics. If you are interested in any of the committees, please let us know by checking the corresponding box:

<input type="checkbox"/> Dental	<input type="checkbox"/> Executive	<input type="checkbox"/> SSAFE (Safe Sex After Fundamental Education)
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Signature		Date	
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**To mail this application send to:**

TCHSA Public Health  
 Attention: PHAB Liaison  
 PO BOX 400  
 Red Bluff, CA 96080

**To drop-off in person:**

TCHSA Public Health  
 Attention: PHAB Liaison  
 1860 Walnut Street, Building C  
 Red Bluff, CA 96080