

Tehama County Public Health Advisory Board

MEMBERSHIP APPLICATION

Name			
Mailing Address			
Phone		Work Phone	e
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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Mailing Address			
Phone		Work Phone	Э
Email		Fax	
Occupation		Employer	
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:			
Dental Executive HYT (Healthy Youth Tehama)			
Signature			Date
To mail this application send to: To drop-off in person:			
TCHSA Public Health Attention: PHAB Liaison PO BOX 400 Red Bluff, CA 96080		TCHSA Public Health Attention: PHAB Liaison 1860 Walnut Street, Building C Red Bluff, CA 96080	