

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

Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____ Fax No: _____

Occupation: _____ Employer: _____

List organizations with which you have worked: _____

Give a brief statement stating why you would be interested in being appointed to the Drug and Alcohol Advisory Board: _____

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

Are you able to attend monthly meetings on the first Wednesday of the month from 5 to 6 pm?
Yes No If no, explain: _____

Signature

Date

Please return application by mail to:

**Tehama County Substance Use Recovery
Attention: Kristy Wills
Mailing Address: PO Box 400
Physical Address: 1850 Walnut St – Bldg G
Red Bluff, CA 96080**

**Phone: (530) 527-7893 x 3521 FAX: (530) 527-0766
Email: Kristy.Wills@tchsa.net**

<p style="text-align: center;">DAAB Committee Members Cynthia Cook, Chairperson Connie Sabo Julie Siefkes Yuliana Moreno</p>
