Burntwood
Regional Health Authority

Return to:
Attention – Charlene Cook, Executive Assistant
867 Thompson Drive S.
Thompson, Manitoba R8N 1Z4
Telephone: 204-778-1401

DISTRICT HEALTH ADVISORY COUNCIL APPLICATION

Name:
_____

Address:_____
_____
_____

Telephone: (Res.) _____ **(Work)** _____
Fax:
_____

E-Mail Address:
_____

District Health Advisory Council Applying For: -

_____

Present Occupation:

_____

Previous Board Experience:
_____
_____
_____
_____
_____
_____

Previous Experience in Health and/or Community Service:
_____
_____
_____
_____

Why are you interested in serving on the District Health Advisory Council?
_____
_____
_____
_____
_____

Signature:_____ **Date:**_____