

COMMITTEE MEMBERSHIP APPLICATION

I hereby express an interest in being nominated for membership on the following committee:  
(Please Print)

KINGS COUNTY BEHAVIORAL HEALTH BOARD

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Email address: \_\_\_\_\_

Length of Residency in Kings County: \_\_\_\_\_

Supervisorial District \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Affiliations: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for seeking appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO:

Kings County Board of Supervisors  
1400 West Lacey Boulevard  
Hanford CA 93230  
(559) 582-3211 ext 2362

For Inquiries Phone:

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The Committee Coordinator has reviewed application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature