



Board of Commissioners

Courthouse, Room 110
225 W. Olive Street
Newport, Oregon 97365
(541) 265-4100
FAX (541) 265-4176

APPLICATION

Name of Committee, Commission or Board:

Please check one:

Lincoln Community Health Council

_____ NEW APPLICANT

_____ APPLICATION FOR REAPPOINTMENT

* * * * *

NAME:

Please print

HOME ADDRESS:

P.O. Box/Street No.

City

State

Zip Code

HOME PHONE: _____

HOW LONG HAVE YOU LIVED IN LINCOLN COUNTY? _____

OCCUPATION: _____

WORK PHONE: _____

BUSINESS ADDRESS:

P.O. Box/Street No.

City

State

Zip Code

E-MAIL ADDRESS: _____

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1. Please give a brief description of the experience, training, special interest or involvement in the community that supports your nomination to this committee. If you wish, you may attach a resume or other material.



