

California State Rural Health Association  
**Advocacy Committee Candidate Application**  
Term: July 1, 2006- June 30, 2008

Candidate: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

**(Please check only one)**

I am putting my own name forward as a candidate for the Advocacy Committee.

I was nominated by a CSRHA member as a candidate for the Advocacy Committee.

Member's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list the member's county: \_\_\_\_\_

Please complete the following information:

1. Please describe your background and current activities and work related to the rural health industry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list recent organizational and leadership skills of importance to rural health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe why you want to serve on the Board of Directors and what contribution you see making to the organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a biography and send to:**  
California State Rural Health Association, 3720 Folsom Blvd., Suite B, Sacramento, CA 95816