

**LAKE COUNTY HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE  
and/or TASK FORCE MEMBERSHIP APPLICATION**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Is there personal data you would like to share? (Optional)</b>	
<b>Please tell us about your education:</b>	
<b>Please tell us about your professional or related experience:</b>	
<b>Please tell us about your employment:</b>	
<b>Please tell us about your area of specific interest:</b>	
<b>Do you have previous experience as a member of an Advisory Committee?</b>	
<b>Which Advisory Committee or Task Force are you interested in being a member of? Please check only one:</b>	
<input type="checkbox"/> Lake County Health and Human Services Advisory Committee <input type="checkbox"/> Lake County Public Health Task Force <input type="checkbox"/> Lake County Local Mental Health Task Force	
<b>Signature:</b>	<b>Date:</b>

Please return this Application to:  
Lisa B. Hanson, Director  
Lake County Health and Human Services  
616 3<sup>rd</sup> Avenue  
Two Harbors, MN 55616