



# Advisory Council Application

## Application for membership on Parkland Regional Health Authority Advisory Council

\_\_\_\_\_  
**Name:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**E-mail:**

\_\_\_\_\_

Please consider this application for one of the following Advisory Councils:

PRHA Health Advisory Council

Regional Mental Health  
Advisory Council

\_\_\_\_\_  
**Signature**

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

Please briefly describe any affiliations or representation that you have with health partners, stakeholders, organizations or community groups. (ie- Municipal/Band Councils, Metis/First Nations communities/organizations, Education, Justice/Local service groups/ Provider Agencies.)

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**What interests you most about health in your community and in Parkland Region?**

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**Please describe any other past or present involvement within your communities.**

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**Please return  
completed form to:**

Parkland RHA  
c/o Blaine Kraushaar  
Community Relations  
625 Third St. SW  
Dauphin, MB.  
R7N 1R7

**By fax: 622-6232**  
Additional questions?  
Call: 622-6237  
Or 1-800-259-7541