SCCMHA CITIZENS ADVISORY COMMITTEE RECOMMENDATION FOR MEMBERSHIP

**** RETURN BY EMAIL TO RYAN.MULDER@SCCMHA.ORG OR FAX TO 989-799-0206 ****

Name:						
Home Address:	Street		City	Sta	te.	
			•			•
Home Phone:			Business Phone:			
Firm, Corporation or	Organization: —					
Business Address:						
	Street	City		State		Zip
Title or Position:						
Description of respon	sibilities:					
Nature of business or	profession:					
Additional Remarks:						
Date:			Sponsor:			
To be completed by the	ne Advisory Com	nmittee				
Is the proposed memb	YES	NO		-		
Is vacancy currently	F	TILLED	OPE	N?		
Appro	ved by:	ignature of c	hairman, SCC	CHMA Citizen	s Advisory (Committee
Approved by SCCMF	pproved by SCCMHA Board			Dated _		
Rejected by SCCMHA Board			Dated			
Reason for rejection:						