



# BOARD OF COMMISSIONER: CONSUMER APPLICATION

**Submit completed form:**  
**Online** by clicking submit below or  
**By Mailing to:**  
Partnership HealthPlan of California  
Attn: Siobhan Shackelford  
3688 Avtech Parkway, Redding, CA 96002

Instructions: Please complete all sections, use N/A if a section does not apply to you. If you need additional room, please add additional pages.

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### Relationship to PHC:

Member

PHC ID # \_\_\_\_\_

Family member or representative of PHC Member

PHC Member Name \_\_\_\_\_

PHC ID # \_\_\_\_\_ Relationship to member \_\_\_\_\_

List past or present County appointments, as well as any other public service appointments, or elected positions held:

Dates Served

	Dates Served
_____	_____
_____	_____
_____	_____

What experience or special knowledge can you bring to your area(s) of interest?

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

List any community organizations to which you belong:

Member Since

	Member Since
_____	_____
_____	_____
_____	_____

List any affiliation(s) you or your spouse has with public service agencies:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_