



# BOARD OF COMMISSIONER: CONSUMER APPLICATION

**Return completed application to:**

Partnership HealthPlan of California  
Attn: Jennifer Wickberg  
3688 Avtech Parkway  
Redding, CA 96002

Instructions: Please Print. If you need additional room, please attach additional pages.

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Relationship to PHC:**            Member            Family member of PHC Member            Former PHC Member

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

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

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

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

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