LOCAL BOARD OF HEALTH MEMBERSHIP ROSTER

State Form 48137 (R6 / 8-10)
INDIANA STATE DEPARTMENT OF HEALTH

INSTRUCTIONS: *Return to:* *Local Health Department Outreach Division*
Public Health and Preparedness Commission
Indiana State Department of Health
2 North Meridian Street, Section 2N
Indianapolis, Indiana 46204

_____
(county or city health department)

Due Date: January 31

NAME	PROFESSION	EMAIL ADDRESS	TERM OF OFFICE		APPOINTING BODY		POLITICAL PARTY AFFILIATION		
			Begin *(MM/DD/YY)*	End *(MM/DD/YY)*	County (X)	City (X)	Dem (X)	Rep (X)	Other (X)

Board Chairperson: _____ Vice-Chairperson: _____

Person Completing Form: _____ Telephone Number: (_____)_____ Date: _____