

Clatsop Care Health District – Board of Director Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ E-Mail: _____

Do you reside in the boundaries of the Clatsop Care Health District: Yes: ____ No: ____

*All Board members are required to reside in the district. The District boundaries are county-wide with exception to the cities of Seaside, Gearhart and Cannon Beach.

Background (Relevant education, training, experience, etc.):

Please describe your interest in serving on this Board:

Return form to:

Mark Remley, CEO
Clatsop Care Health District
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E-mail: mremley@aidanhealthservices.com
Phone: 503-954-5534