



**North Eastman Health Association Inc.**  
*Association de santé du Nord-Est inc.*

**Application Form for Membership on the  
District Health Advisory Council**

Full name: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Fax: \_\_\_\_\_

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

Personal Profile: \_\_\_\_\_

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**Why are you interested in serving on a District Health Advisory Council?**

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**Please state any relevant factors which make you a suitable candidate. Indicate areas and/or organizations within your local community that you could be providing feedback from, (e.g., daycares, arenas, schools, community groups, coffee groups, theatre...).**

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What do you see as significant health issues in your District?

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**REFERENCES:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Forward completed application to:

North Eastman Health Association Inc.  
P.O. Box 339  
24 Aberdeen Avenue  
Pinawa, Manitoba R0E 1L0  
FAX: 1-204-753-2015