

Membership Application for the Flex Advisory Committee

Please answer the following questions and attach a copy of your resume or CV. Return the application to the Flex Program at health.flex@state.mn.us.

Name:

Title or role in your organization:

Organization Name:

Address:

Phone number:

Email address:

Desired committee role:

1. If appointed, what are your top goals or areas of interest to improve rural health equity and health care delivery?
2. How will being a member of the Flex Advisory Committee allow you to meet your goals to improve rural health equity and health care delivery?
3. If you are appointed to the Flex Advisory Committee would you be able to attend four meetings per year?
(Meetings include 1 virtual fall meeting, 1 virtual winter meeting, 1 joint committee meeting with the Rural Health Advisory Committee virtual or in person, and the MN Rural Health Conference.)

YES NO

Minnesota Department of Health
Office of Rural Health and Primary Care
health.flex@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-3838. Printed on recycled paper.