

SAN BENITO COUNTY
BOARDS AND COMMISSIONS

MEMBERSHIP APPLICATION

I hereby express an interest in being nominated for membership on the following committee: (Please Print)

Board/Commission: BEHAVIORAL HEALTH BOARD

Name: SHERRY HOLMQUIST

Phone: (831) 524-1570 E-mail: sholmq@outlook.com

Fax: N/A

Mailing Address: 1470 DIABLO DRIVE #C, HOLLISTER, CA 95023

Street Address: 1470 DIABLO DRIVE #C

City: HOLLISTER Zip: 95023

Length of Residency: SINCE 2006

Supervisor District: 4

Education: _____

Affiliations:
CONSUMER

Reason(s) for Seeking Appointment:

Date: Feb 12, 2021 Signature: Sherry Anne Holmquist

Return completed form to : SAN BENITO COUNTY
Attention: Clerk of the Board
481 Fourth Street
Hollister, CA 95023

Any questions, please call: (831) 636-4000

RECEIVED
FEB 16 2021
BY: _____