

**Vital Statistics Advisory Committee (VSAC)
Membership Application**

Applicant's Name:

Applicant's Title:

Organization:

Mailing Address:

Contact Information

Telephone Number:

Fax:

Email address:

1. Describe your qualifications and explain why you are applying to be a member of the Vital Statistics Advisory Committee (VSAC).

2. Are there any Vital Record or Vital Statistical Data Set research areas in which you are particularly interested or have expertise?

Please mail this completed application and a copy of your most recent curriculum vitae (biography) to the following address:

California Department of Public Health
Center for Health Statistic and Informatics
Research and Analytics Branch
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