

April 2011

**TRI-CITY MENTAL HEALTH SYSTEM  
NOMINATIONS FOR MENTAL HEALTH SYSTEM DELEGATES AND ALTERNATES**

**1. Nominating Organization/Constituency** (see attached matrix)

A. Organization name:

B. Contact person:

C. Contact information:                      Phone:                                      Email:

**2. Nominations for delegates and alternates** (total number nominated should equal the total number of delegates and alternates assigned to the constituency in the attached matrix)

a. Name:

(1) Contact information:                      Phone:                                      Email:

(2) Ethnic, cultural, and/or racial communities (check all that apply):

African-American                       American Indian                       Armenian                       API  
 Cambodian                                       Chinese                                       Korean                       Latino  
 Persian     Russian                                       Vietnamese                       White

Other. Please specify:

(3)  Speaks a language other than English. Please specify:

b. Name:

(1) Contact information:                      Phone:                                      Email:

(2) Ethnic, cultural, and/or racial communities (check all that apply):

African-American                       American Indian                       Armenian                       API  
 Cambodian                                       Chinese                                       Korean                       Latino  
 Persian     Russian                                       Vietnamese                       White

Other. Please specify:

(3)  Speaks a language other than English. Please specify:

c. Name:

(1) Contact information:                      Phone:                                      Email:

(2) Ethnic, cultural, and/or racial communities (check all that apply):

African-American                       American Indian                       Armenian                       API  
 Cambodian                                       Chinese                                       Korean                       Latino  
 Persian     Russian                                       Vietnamese                       White

Other. Please specify:

(3)  Speaks a language other than English. Please specify:

d. Name:

(1) Contact information:                      Phone:                                      Email:

(2) Ethnic, cultural, and/or racial communities (check all that apply):

African-American                       American Indian                       Armenian                       API  
 Cambodian                                       Chinese                                       Korean                       Latino  
 Persian     Russian                                       Vietnamese                       White

Other. Please specify:

(3)  Speaks a language other than English. Please specify: