



WESTMORELAND COUNTY SUICIDE AWARENESS
AND PREVENTION TASK FORCE
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____ (cell) _____

E-Mail Address: _____

Which of the following sub-committees would you be interested in joining:

_____ Walk Committee

_____ Marketing/Outreach/Education Committee

_____ Veteran's Committee

_____ Scholarship Committee

_____ LOSS Survivor's Committee

Please list any special interests or skills that you would be willing to share with the Task Force:

**Please email this completed form to Lisa Goldberg, Task Force Coordinator,
egoldberg@mhaswpa.org or mail to 409 Coulter Ave, Greensburg, PA 15601.**