



**WESTMORELAND COUNTY SUICIDE AWARENESS
AND PREVENTION TASK FORCE
MEMBERSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

WORK PHONE: _____ **CELL PHONE:** _____

HOME PHONE: _____

EMAIL ADDRESS: _____

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

_____ **Walk Committee (Event in September)**

_____ **Marketing/Outreach/Education Committee (Conference Planning)**

_____ **Tabling Events Committee**

_____ **Veteran Committee**

_____ **Scholarship Committee**

_____ **Celebration of Life Committee (Event in December)**

_____ **Spring Spectacular Committee (Event in April)**

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, at egoldberg@mhaswpa.org or mail to 409 Coulter Ave., Greensburg, PA 15601