



Dear Interested Alliance or Community Member,

Thank you for your interest in serving on the Member Services Advisory Group for Central California Alliance for Health (the Alliance).

The Member Services Advisory Group acts in an advisory capacity to the Santa Cruz-Monterey-Merced Managed Medical Care Commission (the governing body of the Alliance) on member issues and concerns. Individuals who apply must be interested in representing the needs and concerns of all Alliance members. Advisory Group meetings are held via videoconference in the local Alliance office of each county (see addresses below).

Santa Cruz County	Monterey County	Merced County
1600 Green Hills Road Suite 101 Scotts Valley, CA 95066-4981 831-430-5500	950 E. Blanco Road Suite 101 Salinas, CA 93901-3400 831-755-6000	530 West 16 th Street Suite B Merced, CA 95340-4710 209-381-5300

If you are interested, please fill out the attached application and return it to:
Kayla Zoloniak - Central California Alliance for Health
530 West 16th Street, Suite B
Merced CA, 95340
MSAG@ccah-alliance.org
Fax: 209-381-5306

If you would like more information about the Advisory Group, please email MSAG@ccah-alliance.org or call the Alliance at 800-700-3874.

Thank you for your interest in the Member Services Advisory Group.

Sincerely,
Ronita Margain, Community Engagement Director

1600 Green Hills Road, Ste. 101
Scotts Valley, CA 95066-4981
831-430-5500

950 East Blanco Road, Ste. 101
Salinas, CA 93901-4487
831-755-6000

530 West 16th Street, Ste. B
Merced, CA 95340-4710
209-381-5300

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www.thealliance.health



Member Services Advisory Group Application

Date: _____ / ____ / ____

Name: _____

Address: _____
No. Street Apt. #
City State Zip

Telephone: (____) _____

E-mail: _____

Please use the space below to let us know why you are interested in joining the Member Services Advisory Group.

(Please use the back of this page if you need more writing space.)

Yes, I would like to become a Member Services Advisory Group member and will attend meetings and participate in subcommittees as needed.

Signature: _____

Please return this application by mail, fax or email.

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Merced, CA 95340
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