California Health Alert Network
Enrollment Information

PLEASE PRINT **Required*

Name*: _____

Name of Business/Agency*: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Email*: _____

Business Phone*: _____ Business Fax: _____

Cell Phone: _____ Alternate Phone: _____

Alternate Email: _____

Languages Spoken: _____

Professional Licenses and Specialties*: _____

Please prioritize your methods of contact by numbering 1 to 7 (at least 3 methods are required).

Cell Phone Call

Cell Phone Text

Business Phone

Alternate Phone

Business Email

Alternate Email

Fax

Please fax or email the completed form to:
Michelle Jachetta, CAHAN Coordinator (209) 533-7406. mjachetta@co.tuolumne.ca.us
For further information, please call (209) 533-7427.