

**NEW HAMPSHIRE  
MEDICAL CARE ADVISORY COMMITTEE**

Department of Health & Human Services ♦ Division of Medicaid Services  
129 Pleasant Street ♦ Concord, NH 03301  
(603) 271-9422 ♦ Fax (603) 271-8431

**Carolyn Virtue**  
Chair

**Jonathan Routhier**  
Vice Chair

**MEMBERSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide a short paragraph describing why you are interested, and what you can bring to the committee. (Use the back or attach a sheet if necessary)**

**My Alternate will be:**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Return to completed application to:  
Leslie Melby at [Leslie.Melby@dhhs.nh.gov](mailto:Leslie.Melby@dhhs.nh.gov)