

San Joaquin Operational Area
Medical/Health Multi-Agency Coordination (Med MAC) Group
Membership Application Form

Agency or Organization Name: _____

Physical Address: _____
Street City Zip Code

Mailing Address: _____
Street or P.O. Box City Zip Code

Med MAC Group members are executive level leaders that are fully authorized to act on behalf of their agency or organization.

Name: _____

Position / Title: _____

Work Telephone: _____

Work Email: _____

Do you have a California Health Alert Network (CAHAN) Account? Yes No

Name: _____

Position / Title: _____

Work Telephone: _____

Work Email: _____

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Do you have a California Health Alert Network (CAHAN) Account? Yes No

The California Health Alert Network (CAHAN) will be used to notify Med MAC members of conference calls and meetings; therefore a CAHAN account will be established for all Med MAC members.

*Complete this form and fax or email it to the San Joaquin County Emergency Medical Services Agency
209-468-6725 or emsdutyofficer@sjgov.org*