



## LOCAL BOARD OF HEALTH BOARD MEMBER INTEREST FORM

The Toe River Health District ("District") is the health district public authority that is charged with the administration of the Avery and Mitchell County Health Departments. The District's principal office is located at 130 Forest Service Road A, Bakersville, NC 28795. The Interim District Health Director is Mason Gardner.

Pursuant to North Carolina law, the District is governed by a Local Board of Health ("Board") composed of fifteen to eighteen members from Avery and Mitchell Counties. Board members are appointed by the Avery and Mitchell County Commissioners and must include one County Commissioner from both Avery and Mitchell Counties and at least one of the following: (a) physician licensed to practice medicine in North Carolina; (b) licensed dentist; (c) licensed optometrist; (d) licensed veterinarian; (e) registered nurse; (f) licensed pharmacist; and (g) one professional engineer. The Board's composition must reasonably reflect the population makeup of the entire District and provide equitable District-wide representation. All Board members must reside in the District. If there is not a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer available for appointment, the Avery and Mitchell County Commissioners shall appoint additional representatives from the general public.

The Board has regularly scheduled meetings once per quarter and special-called meetings as needed throughout the year. The regularly scheduled meetings are generally held at Mayland Community College at 6:00 p.m. The Board's powers and duties are statutory and are listed in N.C.G.S. § 130A-39.

If you are interesting in becoming a Board member or learning more information about the Board or District, please provide the following information and email this form to Mason Gardner at [mason.gardner@toeriverhealth.org](mailto:mason.gardner@toeriverhealth.org).

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ License Current: ☐ yes ☐ no

Reason(s) for becoming a Board Member: \_\_\_\_\_

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