



LOCAL BOARD OF HEALTH MEMBERSHIP ROSTER

State Form 48137 (R8 / 9-11)
 INDIANA STATE DEPARTMENT OF HEALTH

Please type this form.

INSTRUCTIONS: Return to: *Local Health Department Outreach Division
 Public Health and Preparedness Commission
 Indiana State Department of Health
 2 North Meridian Street, Section 2N
 Indianapolis, Indiana 46204*

Name of county or city health department
STARKE COUNTY

Due Date: January 31

NAME OF BOARD MEMBER	PROFESSION / DESIGNATION	BOARD MEMBER MAILING ADDRESS <i>(number and street, city, state, and ZIP code), TELEPHONE NUMBER &E-MAIL ADDRESS</i>	TERM OF OFFICE		APPOINTING BODY		POLITICAL PARTY AFFILIATION		
			Begin <i>(mm/dd/yy)</i>	End <i>(mm/dd/yy)</i>	County	City	Democrat	Republican	Other
DEB HANSEN	RN	KNOX	01/01/26	12/31/29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ANGELA STACY-FLAGG	RN	KNOX	01/08/26	12/31/29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANGELA BANKS	RN	KNOX	01/01/25	12/31/28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RITA BERGER		WALKERTON	01/01/23	12/31/26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAROLYN BENOIT	CMA	KNOX	01/01/23	12/31/26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter dates for board meetings for the upcoming year.
BI-MONTHLY MEETINGS TO MEET ON THE FOURTH THURSDAY OF THE MONTH STARTING JAN 22, 2026.

Board Chairperson RITA BERGER	Vice-Chairperson ANGELA STACY-FLAGG
Person Completing Form FRANK LYNCH	Telephone Number (574) 772-9137
	Date <i>(month, day, year)</i> 01/22/2026