



**Application for Membership on the  
FHN Board of Directors**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BEST TIME TO CONTACT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HAVE YOU EVER SERVED ON A BOARD BEFORE?  YES  NO

IF YES, WHAT BOARD(S): \_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY SERVING ON ANY BOARDS?  YES  NO

IF YES, WHAT BOARD(S): \_\_\_\_\_  
\_\_\_\_\_

DO YOU USE FAMILY HEALTH NETWORK FOR ANY SERVICES?  
 YES  NO

IF YES, WHICH FHN HEALTH CENTER IS YOUR PRIMARY CENTER? \_\_\_\_\_

DOES ANY MEMBER OF YOUR IMMEDIATE FAMILY USE FAMILY HEALTH NETWORK FOR ANY SERVICES?  
 YES  NO

IF YES, RELATIONSHIP OF FAMILY MEMBER TO YOU: \_\_\_\_\_

*Please complete the information on the back of the form*

**Please check the appropriate box or boxes.**

<b>Area of Expertise/Interest</b>	<b>I have experience or expertise in this area</b>	<b>I am interested in this area</b>
Board leadership <ul style="list-style-type: none"> <li>• Serving as an officer</li> <li>• Serving as a chair of a board committee</li> </ul>		
Business		
Community Involvement		
Education		
Finance		
Fundraising		
Healthcare Administration		
Healthcare Delivery		
Legal		
Personnel/Human Resources		
Planning		
Public Relations or Marketing		
Religion		

**Board Committees**

<b>Committee</b>	<b>For Current Board Members</b>		<b>For Prospective Board Members</b>	
	<b>I am currently on the committee</b>	<b>Please remove me from this committee</b>	<b>I would like to serve on this committee</b>	<b>Please do not put me on this committee</b>
Finance				
Personnel				
Planning & Program				
Quality Improvement				
Governance				
Executive				

**References (preferably not family):**

<b>Name:</b>	<b>Relationship to Applicant</b>	<b>Phone Number</b>	<b>Email Address</b>

**Other comments:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date