



# Missouri Family Health Council, Inc.

## BOARD MEMBER APPLICATION

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

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Business/Profession: \_\_\_\_\_

Business Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

State why you think you would be an asset to the MFHC Board of Directors and MFHC overall.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any previous experience with MFHC (*list activities*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Skills of interest to MFHC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any experience with other boards or organizations (*list activities*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note:** If you have additional comments or information, which will be useful in the consideration and recruitment of membership, please add here. Feel free to attach a separate page if more explanation is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach resume or curriculum vitae (CV) with you submission to Michelle Trupiano, MFHC Executive Director, [mtrupiano@mfhc.org](mailto:mtrupiano@mfhc.org).

July 2016