



Board Member Nomination Application Form

Complete this form and return to MHA. This form may be completed by the candidate or someone recommending a candidate.

Candidate Information

Name: _____

Home address: _____

Home phone number: _____

E-mail address: _____

Work phone number: _____

Employment/Position: _____

Education: _____

Relevant bleeding disorder community experience and/or employment (attach a resume if relevant):

Relevant civic/business community experience and/or employment (attach a resume if relevant):

Why the interest in serving as a Board Director of MHA?

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Area(s) of expertise/contributions that can be made to MHA as a Board Director:

Other current volunteer commitments:

Please circle any of the following skills or experience that you possess.

Finance, accounting

Management, administration

Grant writing

Nonprofit experience

Fundraising and special events

Teaching experience, curriculum development

Public relations, communications

Contacts, networking

Other _____

Other _____

List additional affiliations or organizations (e.g., membership, professional, civic).

Submitted by

Name _____

Date _____

Please send to: Midwest Hemophilia Association
8900 State Line Road, Suite 411
Leawood, KS 66206