



## 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):

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

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Why are you interested 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:

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Other current volunteer commitments:

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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).

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**Submitted by**

Name \_\_\_\_\_

Date \_\_\_\_\_

Please send to: Midwest Hemophilia Association

1471 W. South St

Suite F

Ozark, MO 65721