

**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**

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| **First & Last Name** | Click or tap here to enter text. |
| **Home Address** | Click or tap here to enter text. |
| **Cell Ph #** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **What is your field of employment** | Click or tap here to enter text. |
| **Work Ph #** | Click or tap here to enter text. |
| **Education** | Click or tap here to enter text. |
| **Relevant experience and/or employment within bleeding disorders community** | Click or tap here to enter text. |
| **Relevant civic/business experience and/or employment**  | Click or tap here to enter text. |
| **Why are you interested in serving on the MHA Board of Directors?** | Click or tap here to enter text. |
| **Areas of expertise/contributions you can make to MHA as a Board Director:** | Click or tap here to enter text. |
| **Other current volunteer commitments:** | Click or tap here to enter text. |
| **Mark any of the following skills or experience that you possess:** | Click or tap here to enter text. |
| **List additional affiliations or organizations (e.g. memberships, professional, civic)** | Click or tap here to enter text. |
| **Please mark any of the following skills or experience you possess.** | [ ] Finance, Account [ ] Grant Writing[ ] Fundraising [ ] Event Planning[ ] Public Relations/Communication[ ] Management, Administration[ ] Nonprofit Experience[ ] Teaching, Curriculum Development[ ] Networking, Contacts[ ] Other: Click or tap here to enter text. |
| **Submitted by:** | Click or tap here to enter text. |
| **Date:**  | Click or tap here to enter text. |

Please mail to: Midwest Hemophilia Association
 1467 W. South St

 Suite C

 Ozark, MO 65721

OR email: info@midwesthemophilia.org