



BOARD OF DIRECTORS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

TODAY'S DATE: / /

First Name:	Middle Initial:	Last Name:
	Phone:	Email address:
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Position:

Type of Business or Organization:

PATIENT STATUS

Are you currently a patient at a CHS, Inc. clinic? Yes No If yes, which location? Beloit

If you are not currently a patient at any of the CHS clinics listed above, are you interested, or would you be willing to become a patient at any of those locations: Yes No

Please Note: Being or becoming a patient of CHS, Inc. will not determine your eligibility for becoming a board member!

BOARD MEMBERSHIPS

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social) – if applicable

ORGANIZATION	YOUR ROLE	DATES OF SERVICE

How do you feel CHS, Inc. would benefit from your involvement on the Board of Directors?

SKILLS, EXPERIENCE AND INTERESTS (Please Check All That Apply)

Finance/Accounting	Education/Instruction	Personnel/Human Resources
Special Events	Administration/Management	Grant Writing
Nonprofit Experience	Fundraising	Community Service
Outreach/Advocacy	Policy Development	Program Evaluation/Public Relations
Communication	Other	Other

Are there any special needs that you would like to discuss with the Board of Directors? Yes No

Thank you for applying! Please submit completed application to dmontes@chsofwi.org You should hear back from us within 48-72 hours.



FOR BOARD OF DIRECTOR USE ONLY

Application approved for Nominating Committee Meeting: Yes No Date:

Nominating Committee Meeting Date:

Nominating Committee approval status: Approved Denied

Board Meeting Attendance Date *(if approved)*:

Board of Directors approval status: Approved Denied