



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.

June 2020