North Carolina Healthcare Association

Board of Trustees Nomination Form

*I recommend the person listed below be considered for nomination to serve on the NCHA Board of Trustees:*

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Work Phone: | Mobile Phone: | |
| Member Organization: | | |
| Position: | | |
| Work Address: | | |
| Skills of interest to NCHA: | | |
| Other active field involvement: | | |
| What involvement, if any, has this person had with NCHA? | | |
| Why are you recommending this person? | | |
| Please add any other information below: | | |
| Recommended by: | | |

**E-mail completed form by May 11 to:**

Mike Waldrum, Nominating Committee Chair <michael.waldrum@vidanthealth.com>

-or-

Debra Carter, Board recording secretary <dcarter@ncha.org>

**\*\*For Nominating Committee use\*\***

|  |  |
| --- | --- |
| Contacted: | Confirmed:  Yes  No |
| Additional Notes: | |