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:*

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| --- |
| 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\*\***

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