



Board Member Nomination Application

Name: _____ Phone: _____

Home Address: _____

Email Address: _____

Last 4 digits of your MHC 1.0 number: _____

1. Are you a member of the Mountain Health CO-OP, and over the age of 18? YES _____ NO _____

2. Please share why you'd like to serve on the Co-Op Board of Directors: _____

3. List competencies you'd bring to the Board: _____

4. Provide professional background, and community involvement relevant to the Board:

*Please attach a one-page biography.