



Arizona Rural Health Association (AzRHA)

Application for Board of Directors Membership

Please provide the following information:

Name:

City of Residence:

Employer:

Title:

Email Address:

Work Phone Number:

Cell Phone Number:

Type of Business/Organization:

Primary service provided:

Population served:

Do you participate in community activities? If so, please provide information:

Do you currently serve as an officer and/or a board member for another organization/corporation?

Organization	Role/Title	Dates of Service

Write a brief statement about your interest in joining the AzRHA Board of Directors:



If elected, what committee(s) are you interested in participating on?

Membership & Communication Committee

The Membership Committee oversees membership communications, recruitment, application review, and community and outreach engagement. This committee coordinates the Annual Membership Committee.

Program & Policy Committee

This committee monitors local state and federal legislation. Recommended advocacy actions and provided status reports to the Board of Directors.

Please provide a copy of your Biography of no more than 100 words.

If nominated and elected to the AzRHA Board of Directors, I agree to:

- Attend and participate in monthly board meetings - 2nd Tuesday of every month at 10am MST
- Serve on the Board of Directors committees as scheduled
 - Membership & Communications Committee - 1st Friday of every month at 9am MST
 - Policy & Program Committee - 2nd Wednesday of every month at 10:30am MST
- Comply with AzRHA bylaws and policies

X

Please send your bio and this completed form to Jill Bullock at Bullock1@arizona.edu

For more information, please visit www.azrhassociation.org or call (928) 222-2289