



BOARD OF DIRECTORS MEMBERSHIP FORM

INSTRUCTIONS: We are required by the U.S. Department of Health and Human Services to collect the information below on every Board member. By law, the information can be used only for the purposes required by law e.g., to report to the Centers for Medicare and Medicaid Services (CMS). This means the information will be kept secured, confidential, and available only to the CEO and their assistant for the purposes required by law.

First Name: _____

Last Name: _____

Pronouns (e.g., she/her, they/them): _____

Street Address: _____

City: _____

Zip Code: _____

Contact Telephone Number: _____

Mobile Telephone Number: _____

Date of Birth: _____

State/Territory/Province of Birth: _____

Country of Birth: _____

Email Address: _____

Board member experience (optional):

Why would you like to join WNCCHS's Board?

TO SUBMIT THIS APPLICATION, PLEASE EITHER:

Mail to: Western North Carolina Community Health Services
Attn: Kim Wagenaar, MSN, Chief Executive Officer
29 Turtle Creek Drive
Asheville, NC 28803

Email to: board_application@wncchs.org