



**Western NC Community Health Services, Inc.  
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 his/her assistant for the purposes required by law.

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Contact Telephone Number: \_\_\_\_\_  
Mobile Telephone Number: \_\_\_\_\_  
State/Territory/Province of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Email address: \_\_\_\_\_

Board member Experience:

Why would you like to join WNCCHS's Board?

**Mail To:** Western North Carolina Community Health Services  
Attn: Kim Wagenaar, MSN - Chief Executive Officer  
257 Biltmore Ave  
Asheville, NC 28801

**Email To:** [board\\_application@wncchs.org](mailto:board_application@wncchs.org)