



Board Membership Application

Name: _____ Date: _____

Address: _____ Phone: _____

Work Address: _____ Work Phone: _____

Email Address: _____ Occupation/Profession: _____

Are you a/an (select all that apply): **FHLC Patient or Client** **Migrant or Seasonal Agricultural Worker**
 Agency Representative **Community Representative** **Other:** _____

How do you know about Family Health La Clinica? _____

Why do you want to be on FHLC's Board of Directors? _____

What do you feel are the most important health needs of our community/constituents? _____

How do you think FHLC could improve to better meet these health needs? _____

Have you served on a board before? **Yes** **No** As an officer? **Yes** **No**

Which boards and offices? _____

How will your participation on FHLC's board better serve the community? _____

FHLC's Board of Directors meets the 4th Thursday of each month from 6:00-7:30PM, virtually or on-site at its Wautoma location. Can you commit to attending at least 80% of all board, committee, and special meetings? **Yes** **No**

If you were referred by an FHLC employee, please list them here: _____

Please return your completed application to:

Any Family Health La Clinica location (front desk)

By email to: laura.waldvogel@famhealth.com

By mail to: Family Health La Clinica, Attn: Laura Waldvogel, PO Box 1440, Wautoma, WI 54982

Or complete the online form at: www.famhealth.com/our-leadership