

**Centro Medico Community Clinic, Inc. (CMCC)**

**Board Member Application Form**

**To the Board of Directors of CMCC:** I hereby submit my application for a seat on the Board of Directors of Centro Medico Community Clinic, Inc.

**Please Type or Print Neatly**

**Applicant Name:**

<b>Last:</b>	<b>MI:</b>	<b>First:</b>
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**Applicant Address:**

<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>County Name:</b>		

**Applicant Contact Details:**

<b>Telephone Home:</b> (    )	<b>Telephone Mobile:</b> (    )
<b>Email:</b>	

**Is CMCC your primary healthcare provider?**

<b>Yes</b>	<b>No</b>
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**Nature of Employment:** *Please describe your current employer and job and attach a resume if you have one.*


**Why do you want to be a Board Member of CMCC?**


**What special contributions would you make as a Board Member?**


**Other areas of expertise/experience/affiliations:** *Please describe your experience with any community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns and social service agencies within the community.*


**What other Non Profit or other Board Experience do you have?**


**Additional information that you would like to share with the Board of CMCC:**


**Do you know any of the current CMCC Board Members? *If so, please write their names below.***


Please read the attached CMCC Expectations of Board Members. If you become a Board Member of CMCC, would you accept the responsibilities of a Board Member as outlined?

<b>Yes</b>	<b>No</b>
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<b>Signature of Applicant:</b>	
<b>Print Name:</b>	<b>Date:</b>