



BOARD AND COMMITTEE APPLICATION

Committed to helping you and your family lead a healthier life.

Check One: Board Member Committee Member Only

Name: _____

Phone: (H) _____ (W) _____ (C) _____

Mailing Address: Home Work _____

City: _____ Zip Code: _____

E-mail: _____ Fax: _____

Check One: Clinic User Family Member of Clinic User Non-User

Employer: _____ Occupation: _____

What days and times work for you for meetings:

Relevant experience and/or employment:

Why are you interested in Lakeshore Community Health Care:

Area(s) of expertise/contribution you feel you can make: