NMC
Northwestern Medical Center
133 Fairfield Street, Saint Albans, Vermont 05478 | 802-524-5911 | 800-696-0321

CANDIDATE FOR MEMBERSHIP ON THE BOARD OF INCORPORATORS or BOARD OF DIRECTORS

NAME: _____ DATE: _____

ADDRESS: _____

_____

Your complete City/Town of Residence: _____
(e.g. St. Albans **Town**, St. Albans **City**, Richford, Isle la Motte)

PHONE: _____ EMAIL: _____

PROFESSION: _____

BUSINESS AFFILIATION/PLACE OF WORK: _____

POTENTIAL CONFLICT(S) OF INTEREST: _____

_____

Interested in (check all that apply): ☐ Board of Incorporators ☐ Board of Directors

The **Board of Incorporators** meets in November and May only.
The **Board of Directors** currently meets on the first Wednesday of the month at 5:30 p.m.

Most committee meetings are held on weekday mornings at 7:00 or 7:30 a.m.

Board of Directors candidates: AVAILABILE TO MAKE AT LEAST ONE BOARD MEETING AND ONE COMMITTEE MEETING MONTHLY: ☐ YES ☐ NO

DESCRIBE YOUR EXPERIENCES RELATING TO HEALTH CARE REFORM, REGULATIONS, AND LEGISLATION:

WHAT DO YOU SEE AS MAJOR ISSUES THAT WILL AFFECT THE HOSPITAL IN THE NEXT THREE YEARS?

WHY ARE YOU INTERESTED IN SERVING ON THE NMC BOARD OF INCORPORATORS and/or BOARD OF DIRECTORS?:

DESCRIBE YOUR INVOLVEMENT IN OTHER COMMUNITY ACTIVITIES:

CANDIDATE'S SIGNATURE:_____

Please return signed copy to:

Northwestern Medical Center
Administration Office
133 Fairfield Street
St. Albans VT 05478