



Missouri Family Health Council, Inc.

BOARD CANDIDATE NOMINATION FORM

Name of person completing this form: _____

Organization associated with: _____

Date completed: _____ Phone: _____

Would you be willing to make a follow-up call to this nominee? YES NO

Name of Prospect: _____

Business/Profession: _____

Title: _____ Phone: _____

Business Name: _____

In what capacity do you know or work with this person? _____

State why you think this individual would be an asset to the board of directors and MFHC overall. _____

Skills of interest to MFHC: _____

Note: If you have additional comments or information, which will be useful in the consideration and recruitment of this prospect, please add here. Feel free to attach a separate page if more explanation is necessary.
