



Board of Directors Application

Thank you for your interest in joining The National Associations of Travel Healthcare Organizations Board! Use this form to provide useful information on why you would be a good fit for the board. The following information can be shared.

Your name: _____

Your organization: _____

Phone Number: _____ Email: _____

The organization I am a part of is a full member of NATHO:

- Yes, my organization is a full member of NATHO.
- No, my organization is not a full member of NATHO.

Briefly describe your professional background:

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s)):

1. _____
2. _____
3. _____
4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | |

Other skill(s) of yours that you would like to utilize? _____

If you join the Board, you agree that you can provide at least 1-2 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____