



Indiana Family Health Council

BOARD OF DIRECTORS APPLICATION

Date: _____

Name: _____

Home Address: _____

Home E-Mail Address: _____

Home / Cell Telephones _____ | _____

Employer: _____

Position: _____

Work Address: _____

Work E-Mail Address: _____

Work / Fax Telephones: _____ | _____

Thank you for your interest in becoming a member of the Indiana Family Health Council Board of Directors. Board Membership is for two consecutive, three-year terms. The Board currently meets six times per year. Committees meet at times designated by the Chair.

5. What other organizations do you belong to (e.g., membership, professional, civic)?

6. What is your fundraising experience?

7. Do you have any familial or working relationships with either IFHC or its Sub-Grantees?

Please attach your resume and return your application to IFHC
c/o Heather Wallace-George (heather.george@ifhc.org) or mail to 2960 N. Meridian St.,
Suite 230, Indianapolis, IN 46208