# **Board of Directors Application Form**



Community Memorial Hospital UnityPoint Health

#### Name

Mailing address

Street Address

City

State	Zip

### **Phone Number**

## **Email Address**

## Which board would you like to join?

- O Community Memorial Hospital Board of Directors
- O Friends of CMH Board of Directors
- O Either

## What made you decide to apply?



Friends of Community Memorial Hospital Foundation UnityPoint Health