

BROWARD COMMUNITY & FAMILY HEALTH CENTER'S, INC.
GOVERNING BOARD OF DIRECTORS

MEMBER APPLICATION

Name: _____ Date _____

Address: _____

City, State, Zip: _____

Employment: _____

Telephone (H/W): _____

Other (Cell): _____

Ethnicity: _____

Date of Birth: _____ Male: _____ Female _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please provide date: _____

Are you or an immediate family member a patient of BCFHC? Yes _____ No _____

If yes please list the person(s) name and their relationship to you:

Are you related to anyone who is employed by BCFHC? Yes _____ No _____

If yes, please list the person(s) name and their relationship to you:

Have you served in other community boards in the past? Yes _____ No _____

Please list two personal references and contact numbers:

Please explain how you came to know about BCFHC, why you are interested in serving on the board of directors, and any other information that you would like us to know:
