

Consumer Board Nomination Form



Mail to: 300 Cherapa Place, Suite 201; or
Email to memberservices@sanfordhealth.org.

Please note: Candidates must be insured by Sanford Health Plan in order to serve as a Consumer Board Representative. Candidates can be either an active employee or an insured retiree.

Candidate Information

Name: _____

Home address: _____

Home phone number: _____ Work phone number: _____

Email Address: _____ Employer: _____

Education: _____

Previous experience (if any) sitting on an Executive Board: _____

Please check any of the following skills or experience that the candidate possesses.

- | | |
|---|--|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Management, administration |
| <input type="checkbox"/> Contracting | <input type="checkbox"/> Sales experience |
| <input type="checkbox"/> Fundraising and special events | <input type="checkbox"/> Teaching experience, curriculum development |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Customer/client service | <input type="checkbox"/> Other _____ |

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

Submitted by

Name: _____ Date: _____

Phone: _____ E-mail: _____

Has this person been contacted to determine their interest in being nominated? Yes No

If "yes," would he/she be willing to serve if elected? Yes No

Thank you for your nomination.