



CENTRAL OHIO CHAPTER
NATIONAL HEMOPHILIA FOUNDATION

Board Member Application

Please complete and return by fax, e-mail, or regular mail

834 W. Third Ave. Suite A Columbus, OH 43212
(614) 429-2120 - phone (614)429-2150 - fax ralexander@hemophilia.org

Name

Daytime Phone

Address

Evening or Alternate Phone

City, State, Zip

E-mail Address

Employer

Job Title

I am interested in serving on the following board sub-committee(s): (check all that interest you)

- | | |
|--|--|
| <input type="checkbox"/> Advocacy Committee | <input type="checkbox"/> Medical & Research Committee |
| <input type="checkbox"/> Programs & Services Committee | <input type="checkbox"/> Marketing & PR Committee |
| <input type="checkbox"/> Development Committee | <input type="checkbox"/> Special Event Planning Committee(s) |

Please check any special skills, interests, or abilities that would benefit the board of directors:

- | | |
|---|---|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Technology/Computer Science |
| <input type="checkbox"/> Fundraising/Development | <input type="checkbox"/> Strategic Planning/Board Development |
| <input type="checkbox"/> Event Planning/Logistics | <input type="checkbox"/> Non-profit Management/Administration |
| <input type="checkbox"/> Legal Services/Law | <input type="checkbox"/> Corporate or Community Leadership |
| <input type="checkbox"/> Marketing/PR/Communications | <input type="checkbox"/> Legislative/Government Experience |
| <input type="checkbox"/> Human Resources/Organization Development | <input type="checkbox"/> Hemophilia Expertise or Connection |

Other skills, interests, or abilities not listed above (please specify):

Current & past board memberships:
