

Application for Open Positions on the Ohio Valley IACRN Board

Name:

Email address:

Place of Employment:

Current Job Title:

Brief description of roles and responsibilities:

Are you currently a member of the IACRN:

 \_\_\_\_\_ Yes

 \_\_\_\_\_ No (you must become a member of the IACRN by December 1st)

Please indicate which Board position you are interested in:

 \_\_\_\_\_ President-Elect

 \_\_\_\_\_ Member-at-Large

**Please scan completed form to** **Lori.Brunner@cchmc.org**