

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**](mailto:Lori.Brunner@cchmc.org)