

Mayo School of Health Science Alumni Association Board of Directors Nomination Form

MSHS Alumni Association Nomination for Board of Directors

Deadline to submit is **March 1st**

Name _____

Mail to:

Address _____

MSHS Alumni
Association

City _____ State _____ ZIP _____

Mayo Clinic Alumni
Office

Program _____

Siebens 533

Graduation (Year) _____

200 First Street SW

Rochester, MN 55905

E-mail _____

or FAX 507-538-7442

or email

Phone _____(H) _____(W)

mshsaa@mayo.edu

Due to the volume of nominations, if not selected for the Board this year, would you like to be considered again next year? Yes _____ No _____

Which position are you interested in? (*May check more than one*)

Vice President _____ Board member _____

Please attach a letter indicating why you are interested in serving on the MSHS Alumni Association Board of Directors, areas of interest or concerns you believe represent issues for the association, suggestions you have for the Board of Directors regarding these issues, and any special skill(s) you have that you are willing to share with the Board.

If you are nominating someone other than yourself, please indicate YOUR name:

Your name _____ Phone number _____

Your e-mail _____

The following criteria will be considered in Board of Director appointments:

- Completion of a Mayo School of Health Sciences program
- Health sciences profession representation
- Geographic location
- Leadership roles in a health sciences profession
- Commitment to represent alumni interest
- Interest in promoting Mayo School of Health Sciences and the Mayo School of Health Sciences Alumni Association

Each member of the MSHS Alumni Association Board of Directors serves a three-year term with a commitment of an annual meeting (travel expenses provided).