

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

## MSHS Alumni Association Nomination for Board of Directors

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Program \_\_\_\_\_

Graduation (Year) \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W)

*Mail to:*

MSHS Alumni  
Association  
Mayo Clinic Alumni  
Office  
Siebens 533  
200 First Street SW  
Rochester, MN 55905

**or** FAX 507-538-7442  
or email  
[mshsaa@mayo.edu](mailto: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).