**Minnesota HIMSS Board of Directors**

**Membership Application**

**Personal Information:**

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Company: |  |
| Email: |  |
| Phone: |  |

**Board Membership Interest** *– Mark “X” next to the position for which you are applying:*

|  |  |
| --- | --- |
| **Interest** | **Position** |
|  | President Elect |
|  | Treasurer |
|  | Programs Director |
|  | Programs Director Elect |
|  | Sponsorship Director  |
|  | Student Affairs Director  |
|  | Clinical Informatics Director  |
|  | Member at Large |

1. **Tell us a little about yourself.**
2. **How long have you been the healthcare industry and describe your roles?**
3. **Please share why you are interested in joining the Minnesota HIMSS Chapter Board of Directors.**
4. **Please provide examples of past experience relevant for the role to which you are applying.**
5. **Do you have previous experience being part of the Board or a professional organization? Please specify.**
6. **Are you a current member of the Minnesota HIMSS Chapter?**

**Send your completed form to Mary Kopriva, Minnesota HIMSS Secretary, at** mn.info@himsschapter.org **by end of day on Friday, May 24th**