CHOICE
Community Health Organization
Improving Care and Equity

BOARD MEMBER APPLICATION FORM

CHOICE is about promoting health equity and improving access and outcomes through collaboration with local healthcare providers, community partners, and Tribal health leaders. Our strength lies in the people and partnerships in our region. We are driven by the belief that community voices, experiences, and expertise contain the solutions needed for local transformation and sustainable change.

Instructions

Please complete the application form if you are interested in becoming a member of CHOICE Regional Health Network. Your application will be reviewed by the CHOICE Governance Committee at its next regular meeting.

Personal Information

Name	
Street Address	
City	
State	Zip
Organization Affiliation	
What county and/or Tribal Nation do you live in?	
If applicable, what counties and/or Tribal Nations does your organization serve?	
Have you been referred by a current CHOICE Board Director? If so, whom?	

If applicable, what best describes your organization?

- ◯ Provider Network
- ◯ Public Health
- ◯ Education
- ◯ Hospital
- ◯ Social Service Provider
- ◯ Tribal Health
- ◯ Community Health Care Center
- ◯ Behavioral Health Provider
- ◯ Other:

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Please provide a brief statement on why you would like to become a member of CHOICE Regional Health Network.
How does your work or your organization plan to contribute to the achievement of the CHOICE mission?

Signature	Date

Send completed application to Connie Sowa at sowac@crhn.org. If you have any questions, please call (360) 539-7576 x 125.

Please include the following materials along with this completed application:

1. Your resume/CV is available.
2. Your organization's annual report, if applicable.
3. Your organization's strategic initiatives, if applicable.