



A Charitable Foundation dedicated to philanthropic support of Healthcare Engineering Education and Research...

Nomination Application Form The WHEA Foundation Board of Directors

Name: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: (____) _____ Email _____

Occupation: _____ or Retired From: _____

Employer: _____

Title: _____

Address: _____

City: _____ State _____ Zip _____

Work Phone: (____) _____ Email _____

Other Board Memberships or Charitable Board Membership Experience: _____

Other Affiliations/Community Service Activities: _____

Educational Background (Degrees, Professional Memberships: _____

What are your reasons for interest in serving the WHEA Foundation Board?

Additional Comments: _____

Signature: _____ **Date:** _____

Recommended By: _____

Approval of Nominations Chair: _____ **Date:** _____

All information provided by the applicant completing this form will be considered confidential and will not be shared beyond the application nomination process by the members or staff of the WHEA Foundation Board or the members or staff of the WHEA Board (in the role of The Member.) Applicants are encouraged to attach other documentation in support of this application nomination.