



Board Member/Committee Application

Purpose: To collect information about an individual that is interested in serving the Kansas HIMSS Chapter. This application will be used during the voting process for Board positions and distributed to the KSHIMSS membership to educate them about the candidates. Committee members and non-elected Board members are appointed by the President and confirmed by the Board.

Contact Information

Name	
Employer	
Title	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Board position or committee you wish to run or volunteer for (select one):

- Vice President-Elected Secretary Treasurer Events
 Membership Advocacy HIE
 Web / Communication Member Rep. Committee

*If you do not wish to run or volunteer for a Board position, but would like to serve on a Committee, Please indicate here: ____

Interest

Tell us in why you are interested in serving the Kansas HIMSS Chapter:

Thank you for your interest. Please submit this application to: mshiple@kfmc.org
www.kshimss.org



Qualification Information

Summarize your qualification for the position:

How long have you been a member of KSHIMSS? ____

How long have you been a member of HIMSS? ____

Are you currently a member of any other HIMSS Chapter Board? ____

If so, what Chapter? _____

NOTE: This will not eliminate you from consideration. We try to avoid conflicts of interest
By too large a percentage of the KSHIMSS Board also being members of other Chapter Boards.

Do you have additional memberships that may provide value to the KSHIMSS Board or the KSHIMSS Membership?