

Portsmouth Community Health Center, Inc. (PCHC)  
664 Lincoln Street  
Portsmouth, VA 23704  
Attention: Barbara Willis, CEO

**MEMBERSHIP NOMINATION FORM**

PRINT NAME: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

WORK TELEPHONE #: \_\_\_\_\_

• Are you a patient of the health center? If yes, which facility do you go to?  
\_ Lincoln Street in Portsmouth                      \_ Park Place Medical Center in Norfolk

• List Community Activities Involvement: (include dates and positions held)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

• Briefly state what personal contribution you believe you can make to the Portsmouth Community Health Center, Inc. Board of Directors:

\_\_\_\_\_  
\_\_\_\_\_

• What special talents and skills do you have that would be beneficial to the Portsmouth Community Health Center, Inc. Board of Directors?

\_\_\_\_\_  
\_\_\_\_\_

• The PCHC Board meets the 4<sup>th</sup> Wednesday of every month at 4:00 PM. If selected as a Board member will you be able to attend these meetings? \_\_\_\_\_ Yes, I can attend.

\_\_\_\_\_ No, I can not attend.

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**Attestation of Nominee:**

I do hereby agree to have my name considered for being nominated for election to the Board of Directors of Portsmouth Community Health Center, Inc. I further certify that I understand the duties and responsibilities of said position and am willing and able to perform same, including participating on a committee and attendance at all Board meetings.

Signature of Nominee: \_\_\_\_\_

Date: \_\_\_\_\_