

MIAMI BEACH HEALTH FOUNDATION

APPLICATION FOR BOARD OF DIRECTORS

Please complete this form and return it to Lorraine Valinote, Director of Foundation Services, Miami Beach Health Foundation, 11645 Biscayne Boulevard, Suite 207, North Miami, Florida 33181.

NAME: _____ SS#: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY, STATE, ZIP: _____

CELL PHONE: _____ E-MAIL: _____

DATE OF BIRTH (optional): _____ SPOUSE'S NAME: _____

BUSINESS NAME: _____

BUSINESS TIN (if donation by business): _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

CITY, STATE, ZIP: _____ BUSINESS E-MAIL: _____

BUSINESS TITLE: _____ BUSINESS CELL PHONE: _____

PERSONAL/FAMILY FOUNDATION NAME: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

TIN: _____

E-MAIL: _____ CELL: _____

Prefer to be contacted at:

Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

COMMUNITY SERVICE EXPERIENCE (Please list your involvement in community service, fundraising, and related efforts): _____

The information obtained via this form and any other methods by the Miami Beach Health Foundation (MBHF) is strictly confidential and will be utilized only for purposes related to the Miami Beach Health Foundation, and not be shared or disseminated in any manner.

Signature

Date

REFERRED BY: _____