Board Membership Application

Name:
_____
Address:
_____
City: _____ State: _____ Zip:

Phone: _____ Mobile: _____
Email:
_____
Present Occupation:
_____
Employer:
_____
Address:
_____
City: _____ State: _____ Zip:

MHAGF uses email to send meeting notices, agendas and announcements to the Board of Directors. Please indicate your understanding of this practice, and your willingness to receive communication via email:
_____ **Yes, I agree** to receive Board Communication from MHGF via email. I understand that this helps to reduce costs and agree to monitor my email regularly.

Education: Please list any special education, training and /or experience that will support your role as a Board Member of MHAGF:

_____
_____
_____

Mental Health Involvement: Please list any other mental health organizations in which you have been involved and how those may compliment your role as a MHAGF board member.

_____
_____

Public Relations/Marketing: Please list any experience you may have in public relations, public speaking, broadcast or print media, or marketing:

_____
_____

The Bylaws require a minimum attendance of 6 Board Meetings a year.
_____ **Yes, I agree** to attend the meetings required. I understand that if I am unable to attend, I will email an excused absence. Failure to attend may result in my being removed from the Board.

The Bylaws require that all Directors be Members of Mental Health America of Great Falls. Please indicate that you understand this requirement by initialing below:
_____ **Yes, I understand** I must be a Member in good standing of MHAGF by a yearly membership donation. $25- individual or $45 professional

MHAGF has several standing committees and Board Members are expected to serve on a minimum of one. The Committees include Nominating, Public Policy, Membership, Education, By-Laws and Annual Meeting. Please indicate your willingness to participate in at least one committee by initialing below.
_____ **Yes, I agree** to serve on at least one standing committee.
Committee(s) (see the website for a description of each Committee).

Please check any of the topics below where you have experience or special interest:

___ Advocacy
___ Communications
___ Education
___ Consumer/family issues
___ Finance & administration
___ Legal issues
___ Training
___ Strategic Planning
___ Public policy
___ Financial development
___ Cultural diversity
___ Public relations/image
___ Hospitals
___ Childhood mental illness
___ Community M/H services
___ Prevention
___ Research
___ Serious mental illness
___ Support groups
___ Rehabilitation
___ Treatment services
___ Insurance
___ Patient rights
___ Fund raising
___ Leadership development

Signature of Applicant: Date:

_____

THANK YOU FOR BEING PART OF THE SOLUTION!