

**G**REATER  
**R**OSLINDALE  
**H**EALTH  
**O**RGANIZATION, INC.

4199 WASHINGTON STREET  
ROSLINDALE, MA 02131

TELEPHONE (617) 323-4440

FAX (617) 323-7870

WWW.ROSLINDALE.ORG

**APPLICATION FOR A SEAT ON THE BOARD OF DIRECTORS**

(Must be a general member of at least 3 month's duration)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

OCCUPATION AND TITLE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

Signature \_\_\_\_\_

Please check the seat for which you are interested:

**CONSUMER SEAT** (Consumer seats are for those people who live in Roslindale, Hyde Park or West Roxbury and /or who either use the Health Center or are just concerned with making sure the Health Center stays a healthy and vital part of our community.)

**PROVIDER SEAT** (Provider seats are for those people who are directly involved in the health care field – not who provide care at the health center. Examples could include a nurse, pharmacist, social worker, medical assistant etc.)

**AT-LARGE SEAT** (An At-Large seat is for someone who lives outside the catchment area of the Health Center but may work in the area and/ or may wish to participate in Board activities.)

After completing this application and enclosing your membership dues of \$5.00.

Election Committee, GRHO c/o GRMDC  
4199 Washington Street, Suite1  
Roslindale, MA 02131