



Governing Board
MEMBERSHIP APPLICATION

One Fordham Plaza, 11th Floor
Bronx, New York 10458
Tel: (718) 405-7720
Fax: (718) 741-5460
Email: elarrier@bchnhealth.org

Please complete this application form and return it to the above address:

A. GENERAL DATA

NAME _____
Last First Middle Initial

ADDRESS _____
Street # Name Apt #

_____ - _____
City State Zip Code

TELEPHONE Home(_____) _____ Work (_____) _____ Cell/Pager(_____) _____
Area Code Area Code Area Code

FAX _____ **E-MAIL ADDRESS** _____
Area Code

I prefer to receive Bronx Community Health Network mail: at home at work

If you prefer to receive mail at work, please provide business address:

ADDRESS _____
Company Name Street # Name

_____ - _____
City State Zip Code

B. MEDICAL PROVIDER

Do you receive medical care at one of these BCHN-sponsored health centers? **Yes** _____ **No** _____ *If "Yes", please check one of the health centers listed below:*

Montefiore Medical Center:

Comprehensive Family Care Center Comprehensive Health Care Center Family Health Center

South Bronx High School Campus Health Center Walton High School Campus Health

University Avenue Family Practice West Farms Family Practice DeWitt Clinton High School

Promesa Systems, Inc.

Claremont Family Care Center Park Avenue Family Care Center



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C. PROFESSIONAL DATA

OCCUPATIONAL & EDUCATIONAL EXPERIENCES & SKILLS THAT MAY BENEFIT THIS BOARD (You may submit a biographical sketch and/or resume for office use)

CURRENT OCCUPATION _____ **TITLE** _____

RETIRED _____ *Yes* _____ *No* _____
(If retired, indicate former occupation & title)

SKILLS _____

EDUCATION _____

PROFESSIONAL OR COMMUNITY ORGANIZATIONAL AFFILIATIONS (Professional, social, religious, etc.)

D. I would particularly like to help BCHN in the following ways:

By-Laws/Legal Issues

Quality Assurance/Improvement

Finance

Membership

Fund Raising

Strategic/Program Planning

Legislative/Advocacy Issues

Other (specify) _____

E. PERSONAL DATA (Optional)

BIRTH DATE _____
Day & Month only

SPOUSE _____
Name

CHILDREN _____
Name(s)

HOBBIES/ SPECIAL INTERESTS _____



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Referred by: _____

Signature of Applicant _____

Date _____

For office use:

Date application reviewed by Membership Committee _____

Recommendation: Approved Not approved: Reason _____
 Withdrawn

Date candidate approved by Board of Directors _____