



Neosho County, Kansas

**APPLICATION FORM FOR APPOINTMENT TO  
NEOSHO MEMORIAL REGIONAL MEDICAL CENTER BOARD OF TRUSTEE**

APPLICATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DDD YYYY

APPLICANT NAME: \_\_\_\_\_

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

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AREA OF EXPERTISE AND/OR EDUCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Please attach your resume to this application\*\*\***

**NMRMC Board of Trustee Requirements**

- Trustees are appointed for a four (4) year term.
- Trustees may not hold state, county, or city elected office.
- A board member who misses two (2) consecutive meetings without due cause shall be reported to the County Commissioners.
- Current meeting schedule is the third Thursday of every month, starting at noon.
- Trustees are required to provide an annual conflict of interest statement and attend board education.

**APPLICATION MUST BE RECEIVED BY 4:30 pm MARCH 13, 2023**

SIGNATURE: \_\_\_\_\_

**MAIL OR E-MAIL THIS FORM TO**

**Heather Elsworth, Neosho County Clerk | PO Box 138 | Erie KS 66733**

**or email: [nococlerk@neoshocountyks.org](mailto:nococlerk@neoshocountyks.org)**