



## **Board of Directors Nomination**

The Nominating Committee invites you to submit nominations for the Board of Directors.

### *Who is Eligible*

Individual membership: Open to all duly sworn members of a county or district Boards of Health, public health authority, or county or district Boards of Human Services. Individual Membership shall also be open to those who may serve as liaisons for institutions that promote public health within North Carolina.

Associate membership: Open to all persons who formerly served as a sworn member of a county or district Board of Health, public health authority, or county or district Board of Human Services, or to other persons who demonstrate a sincere interest in public health in North Carolina and a commitment to the Association's goals and purposes.

✓ Note: If your County or District Board of Health, County or District Board of Human Services, or public health authorities has paid dues to the Association, then you are eligible for election to the ANCBH Board of Directors.)

### *How to Recommend Nominees*

You may recommend yourself or others for possible nomination. Please use the enclosed nomination form to suggest nominees. You may suggest as many members as you like. Be sure to include accurate addresses and phone numbers for each. Send completed forms and supporting documents (optional) to:

ANCBH Executive Director Merle Green

Email: [mgreen4@triad.rr.com](mailto:mgreen4@triad.rr.com) and copy to [mgreen@alamancecountync.gov](mailto:mgreen@alamancecountync.gov)

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### *The Nominations Process*

The Nominating Committee, after receiving all nominations, will submit a single slate of directors to the Board for approval. The Nominating Committee asks you to:

✓ Reminder: Nominations for the Board of Directors may also be made from the floor.

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### *Duties of a Director*

Board duties include but are not limited to: managing and directing the business and affairs of the Association; determining questions of policy that arise between meetings of the full membership; approving the annual budget for the Association; and attending quarterly board meetings.



Association of  
North Carolina Boards of Health

### **Board of Directors Nomination Form**

Date: \_\_\_\_\_ County: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Nominator's Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_

What skills, abilities and expertise would the nominee bring to ANCBH and its board of directors?

Why would the nominee like to become a part of ANCBH's leadership?

Please list contributions to public health and the community, if applicable (optional)