



Neosho County, Kansas

APPLICATION FORM FOR APPOINTMENT TO  
NEOSHO MEMORIAL REGIONAL MEDICAL CENTER BOARD

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 MARCH 24, 2021

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

MAIL OR E-MAIL THIS FORM TO

Dennis Franks, CEO, Neosho Memorial Regional Medical Center, 629 S. Plummer Ave., P.O. Box 426, Chanute, KS 66720

or email: [dennis\\_franks@nrmrc.com](mailto:dennis_franks@nrmrc.com)