



## Board of Directors Nomination

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

### Who is Eligible

All members of the association who are currently serving as duly sworn members of institutional member boards are eligible for election as well as associate members.

✓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:

Dr. Robert Blackburn, Box 974, Boiling Springs, NC 28017

Telephone: 704.300..1363

Email: rblackburn1@carolina.rr.com

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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**

Send nominations to: Dr. Robert Blackburn, Box 974, Boiling Springs, NC 28017 Telephone: 704.300.1363  
Email: [rblackburn1@carolina.rr.com](mailto:rblackburn1@carolina.rr.com)

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)