

## TSHA Board Member/Officer Application

Name \_\_\_\_\_

Date \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (fax) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

E-mail

address \_\_\_\_\_

Please respond to the following items:

What role do you play with school health programs in Texas?

What are your qualifications for serving on the Board?

Which professional activities have prepared you for this service?

In your opinion, what needs to happen in the state of Texas for its children to achieve better health?

*Prerequisites for Board membership are that the applicant has been a member of the TSHA for one full year, is willing to commit to a three (3) year term, is willing to contribute to The Brief, and desires to actively participate on the Board.*

**Please accept this application as my desire to serve on the TSHA Board of Directors. If I am selected to serve on the TSHA Board, I will give my full effort to be actively involved to help the Association and Board to grow and prosper.**

Signature \_\_\_\_\_ Date \_\_\_\_\_