



Proposed Board Membership Form

According to the DRMS By-Laws, new members of the Board shall be appointed by the existing Board and can be recommended for membership by any interested person. This form is to be used as the primary documentation for recommendation, and further details or inquiry into a potential new member will be based on information from this form.

Date: _____

Person making the recommendation: _____

Contact Information: _____

Your connection to DRMS: (check one) STAFF MEMBER BOARD MEMBER CLIENT SERVICE PROVIDER OTHER

Person of interest: _____

TYPE: (check one) Primary Consumer Parent Family member Service Provider Member of the Community

Contact information: Telephone: _____

Email: _____

Address: _____

Why do you feel this person would be a good fit for the DRMS Board?

What other types of strengths that you know of does this person have that would enhance the work of the DRMS Board, such as legislative experience, legal background, ethnic diversity, accounting knowledge, etc.?

COMMITTEE DOCUMENTATION ONLY: Date submitted to Board for review: _____

by: (int) _____ Result of submission: (check one) Further Inquiry Not accepted