

NATIONAL RURAL HEALTH ASSOCIATION

*Committee Volunteer Form—2004 Term*

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**Yes, I want to volunteer to serve on a NRHA committee in 2004.**

*Following are my first, second and third choices of the committee on which I would like to serve, indicated by 1, 2 and 3, respectively. I realize that I may serve on only one committee, and that I may be asked to serve on my second or third choice committee.*

- \_\_\_\_\_ Development Committee
  - \_\_\_\_\_ Government Affairs Committee
  - \_\_\_\_\_ Membership Committee
  - \_\_\_\_\_ Annual Conference Planning Committee
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*Please keep in mind that all NRHA committees are working committees that require a commitment from their volunteers. By volunteering for a committee you will be expected to attend all scheduled meetings and cover the cost of travel expenses and other expenses that may be incurred. If you agree, please sign and date this form. Thank you for volunteering to make a difference in the NRHA and in rural health.*

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Name/Title \_\_\_\_\_

Organization \_\_\_\_\_

Constituency Group \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

*Please include brief responses to the following items.*

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1. I want to belong to my first-choice committee because....

2. I can bring these three qualities....

3. Other experiences that make me a good candidate for my first-choice committee position are....

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*Please return this completed form to:*

**National Rural Health Association**  
Attn: Rob McVay, Deputy Director and CFO  
One West Armour Boulevard, Suite 203  
Kansas City, Missouri 64111-2087

*Or, you may fax this form to:*

**(816) 756-3144**  
Attn: Rob McVay, Deputy Director and CFO