



Board Profile

Please Print - Complete form and return it to 610 E. 24th Street, Tishomingo, OK 73460
or fax to 580-371-2451

Name: _____ Male/Female Age: __

Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Email: _____

Ethnic Origin: _____

Will you be a user of the Family Health Center of Southern Oklahoma? Yes/No

Please make a brief comment of the reason you are willing to serve on the board:
