

BOARD OF TRUSTEES NOMINATION FORM



Mission Statement:

Standing proudly on the traditions and perseverance of our hospital founders, LPH is dedicated to exceling at providing high-quality, compassionate, healthcare to all that we serve.

Name of Board Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Nominated by: _____

I, _____, consent to be a candidate for a position on the Langdon Prairie Health Board of Directors.

Nominee's Signature

Date

General Board Information:

- Candidates must be a member of the Corporation.
- The number of Trustees shall be seven (7).
- Each Trustee will serve a term of four (4) years, except for those Trustees elected to fill vacancies on the Board of Trustees due to death, resignation or other causes.
- The officers of the Corporation shall be elected annually by the Board of Trustees.
- The Board of Trustees shall hold regular meetings at the principal office of the Corporation the fourth Wednesday (7:00 a.m.) of each month.
- Members shall reside in the Corporation's Service Area (the area within fifty (50) miles of LPH).
- The annual member meeting is held the **4th Wednesday in November at 7:00 P.M.**

Only persons so nominated will be placed on the ballot along with the slate presented by the Finance/Nominating Committee and eligible for election.

TO BE ELIGIBLE FOR ELECTION, ALL NOMINATIONS MUST BE SUBMITTED TO THE ADMINISTRATIVE ASSISTANT WITHIN 30 DAYS OF THE ANNUAL MEETING.