

Kansas Breastfeeding Coalition Application for Board of Directors

Thank you for your interest in serving on the Kansas Breastfeeding Coalition Board of Directors. Your completed application will assist the Nominations Committee in compiling its annual slate of nominees for the Board.

Please indicate which of the	following positions for the 202	23 Board of
Directors you are interested		
☐ Chair-Elect (3-yr. terr	n, one yr. as Chair-Elect -> Cha	air -> Past Chair)
☐ Secretary	•	,
☐ Member-at-Large (1).		
Name		
Mailing Address		
City	State	Zip
Employer (if applicable)		
Title (if applicable)		
Cell/Home	Work Phone (if	
Phone	applicable)	
E-mail		
Please indicate preferred co	Home Work	
Are you a current member of	Yes No	
D1 41 C 11 '	, •	

Please answer the following questions:

1. Discuss why you are interested in serving on the KBC Board.

2. D	escribe speci	ific and/or unic	que expertise	or skills you	bring to the org	ganization
breas	stfeeding sup	view of the cupport, promotion dressing these	on, and protec			u see the