

**MASSACHUSETTS HEALTHCARE
HUMAN RESOURCE ASSOCIATION**

**NOMINATING FORM
CANDIDATE FOR MHHRA BOARD**

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

YEARS IN HR: _____

POSITION APPLYING FOR: _____

REASON FOR CANDIDACY (feel free to attach additional sheet):

NOMINATED BY: _____

PHONE: _____

**PLEASE RETURN THIS FORM AND A COPY OF THE CANDIDATE'S
RESUME TO:**

**MHHRA
BOARD NOMINATIONS
93 CONCORD AVENUE
SUITE 2
BELMONT, MA 02478**