

**RHODE ISLAND HEALTH CARE ASSOCIATION  
2009 RIHCA OFFICERS AND DIRECTORS SURVEY**

PLEASE RETURN THIS FORM TO THE ASSOCIATION OFFICE **NO LATER THAN TUESDAY, SEPTEMBER 2, 2008. SURVEYS RECEIVED AFTER DEADLINE WILL NOT BE CONSIDERED.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I **DO NOT WISH** TO BE CONSIDERED FOR A POSITION OF EITHER AN OFFICER OR DIRECTOR FOR 2009.

\_\_\_\_\_

PLEASE CONSIDER MY NAME FOR ONE OF THE FOLLOWING POSITIONS:  
(Place a #1 or a #2 beside your first and second choice)

CHAIRMAN: \_\_\_\_\_

FIRST VICE CHAIRMAN: \_\_\_\_\_

SECOND VICE CHAIRMAN: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ 3-YEAR TERM

Please send or fax this form back to the association office **no later than Tuesday, September 2, 2008.**