



## **Application for A Board Member of Jesus Medical Clinic in Haiti**

- **Name :**
- **Home Address:**
- **Email Address:**
- **Cell phone #:**
- **Home phone #:**
- **Church:**
- **Occupation:**

The annual contribution is **\$ 600 or more** for a board member.

I sign the position as a board member of the Jesus Medical Clinic in Haiti.

**Signature:**

**Date:**

**Payable to Jesus Medical Clinic in Haiti, Inc.**

**Send the check to  
Young Lee  
Jesus Medical Clinic in Haiti  
1 Venetian Court  
Mount Laurel, NJ 08054**

TAX ID # 501(c)(3) 81 – 3482759

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Email: [jesusmedicalhaiti@gmail.com](mailto:jesusmedicalhaiti@gmail.com)