

Thank you for your interest in the Cedars-Sinai Medical Center's Board of Governors. Please take a few moments to complete this form. A BOG representative will contact you to schedule a meeting for an informal conversation.

We look forward to exploring with you the many exciting opportunities for involvement offered by the Board of Governors.

For more information, please call David Levy, Senior Associate Director, at (310) 423-7471. Upon completion, please mail this application to: Board of Governors, Cedars-Sinai, 8700 Beverly Blvd., Room 2416, Los Angeles, CA 90048.

PLEASE PRINT CLEARLY

Applicant's Name: _____
LAST FIRST MIDDLE NAME MAIDEN

First Name/Preferred Salutation/Nickname (if different from above): _____

Sponsors' Names: (Who encouraged you to join the Board of Governors?)

#1. _____ #2. _____

Home Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Mobile: _____ Fax: _____

Preferred Email Address: _____

Preferred Phone: _____

Current or Prior Profession:

Title or Position: _____ Business Name: _____

Retired: Yes No Nature of Business/Specialty: _____

Address: _____
STREET CITY STATE ZIP CODE

Business Phone: _____ Email: _____

If you wish, please attach your resume or CV.

If you currently reside outside of Los Angeles during part of the year, please list the address and the applicable dates:

STREET CITY STATE ZIP CODE DATES

Preferred Address for Mailings: Home Business Other:

STREET CITY STATE ZIP CODE

Date of Birth: _____ Place of Birth: _____
(MM/DD/YR) CITY STATE COUNTRY

How long have you lived in Los Angeles? _____

Education: _____
INSTITUTION _____ DEGREE _____ YEARS ATTENDED _____

Marital Status: _____ Spouse/Partner's Name: _____
LAST FIRST MIDDLE MAIDEN

Date of Marriage: _____ Spouse/Partner's Date of Birth: _____
(MM/DD/YR) (MM/DD/YR)

Spouse/Partner's Occupation: _____

Email: _____

Preferred Phone: _____

Children's Names and Birthdates: _____

The Board of Governors is a community of philanthropists involved in a multitude of organizations throughout the city. Please share any nonprofit organization that you currently support or have supported, including any positions held. Please indicate current or former on each below:

Please share with us any professional, civic, or fraternal membership or leadership positions you have held:

Please share with us any businesses, corporations, or partnerships where you have served as an officer or director:

Please share with us any awards or honors you have received, including publications:

Please share with us your interests regarding healthcare or medicine:

Please share with us why you would like to become involved with the Board of Governors:

Please indicate your connections to Cedars-Sinai:

- | | | |
|--|--|---|
| <input type="checkbox"/> My doctors are here | <input type="checkbox"/> I am a volunteer | <input type="checkbox"/> I have been a patient |
| <input type="checkbox"/> I was born here | <input type="checkbox"/> Children were born here | <input type="checkbox"/> Grandchildren were born here |
| <input type="checkbox"/> I have donated | <input type="checkbox"/> Family involvement | <input type="checkbox"/> Other: _____ |

Please share any additional information, comments, or suggestions:

Please attach a recent photo, if available.

CEDARS-SINAI BOARD OF GOVERNORS (BOG)

The Cedars-Sinai Board of Governors is a diverse community of philanthropic leaders who are committed to supporting the Medical Center by providing financial resources, educational experiences, and volunteer opportunities.

Commitments for Admission and Continued Membership

1. A commitment to Cedars-Sinai:
 - To play a role in the ongoing and future leadership of the Medical Center.
 - To contribute to the future financial strength of Cedars-Sinai by:
 - A gift of at least \$50,000 (payable over one to five years) to the current project – the Board of Governors Heart Stem Cell Center, or
 - \$50,000 or more given to a CSMC project approved by the BOG and Board of Directors within three (3) years prior to date of membership application. This does not include contributions to any Medical Center support group.
 - Recognition for contributions will be consistent with the BOG and Cedars-Sinai gift recognition policies.
 - To be an advocate for Cedars-Sinai in the public arena.
 - To assist in identifying potential supporters of Cedars-Sinai.

2. A commitment to the Board of Governors:
 - To pay the annual contribution of the BOG (currently \$1,500 per year) in addition to the \$50,000 commitment to Cedars-Sinai.
 - To support and participate in BOG activities and programs.
 - To promote fundraising efforts on behalf of current and future BOG projects.
 - To support the annual BOG Gala.
 - To attend the orientation meeting for new members, the Annual Meeting, and educational meetings.
 - If you so choose, to participate in various leadership opportunities available within the BOG.

By executing this questionnaire and application, the applicant agrees to honor all of the commitments described in the application.

SIGNATURE

DATE