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Lowndes County Board/Agency Appointee Information Sheet - Submission #94

Date Submitted: 10/22/2021

Date:

10/22/2021

Board/Agency Applying For:

Hospital Authority Board

Last Name

Lovein

First Name

Norman

Street Address

City/State/Zip

Nashville, Ga 31639

Phone Number

Email Address

Occupation

Retired auto dealer

Professional Experience

Knowledge & Skills

What knowledge or skills do you possess that would contribute to the Board/Agency to which you are requesting to be appointed?

Please list the Board/Agency that you have been or are currently a member of:

SGMC Foundation