

Area Commission Membership Registration

	A	B	C
1	FIELD Legistar Franklinton AC (enter the name of the Commission)	CURRENT INFORMATION Legistar Change of address/tele number (note action required - appointment, reappointment, resignation, informational change notes)	NEW INFORMATION (1) Please print new information clearly, <u>OR</u> (2) Place a “check” in these boxes if member is re-elected and information is unchanged (3) Do not forget to update “Term Expiration” for re-elected members
2	First Name	«FirstName» Joanne	X (no change)
3	Last Name	«LastName» Ranft	
4	Title	«Title»	
5	Address	«Street_Address» 793 West State St	
6	City	«City» 6150 E. Broad Street	
7	State	«State» Ohio	
8	Zip Code	«PostalCode» 43213	
9	Home Telephone	«HomePhone» 614-546-4907	
10	Work Telephone	None	
11	Fax Number	None	
12	Email Address	jrnf@MCHS.com	
13	District/Designation	«Designation» At Large Appointed	
14	Term Start Date	«Term_Start_Date» 10/11	
15	Term Expiration	«Term_Expiration» 10/13	
16	Seat Succession	«Replaces» (name of former Commissioner)	

Joanne Ranft is the Director of Mount Carmel Health Systems and will serve as the newly appointed representative of Mount Carmel West Hospital.