

## CANDIDATE FORM

International
  Regional
  Council
  Local

Position Applying For [see below for deadlines]: _____	
Your Name: _____	Date Joined: _____
Mailing Address: _____	
Employer: _____	Fax Number:: _____
Home/Mobile Phone: _____	Work Phone: _____
E-Mail Address: _____	
Your Local Association's Name*: _____	Region: _____
Insurance Education/Designations: _____	

\*if Member-At-Large fill in "MAL" instead of Local Association Name

What qualifications and or qualities do you have that would make your service valuable in this position? [include employment responsibilities, if applicable]

Indicate prior Committee Service [Council, Region, International]:

**ASSOCIATION ACTIVITIES / INVOLVEMENT / RECOGNITION [include attachments as desired or necessary]**

Local Association:	
Council/Provincial:	
Regional:	
International:	
Other Insurance:	
Civic Activities	

<b>PLEDGE OF WILLINGNESS TO SERVE:</b> I, being fully aware of the duties and responsibilities of this position, sincerely pledge to serve to the best of my ability, if elected.

Candidate Signature _____	Date _____
---------------------------	------------

**Return Instructions:**

International forms should be sent to Corporate Centre by the **First Friday in December** [evp@iaip-ins.org].

Regional forms should be sent to the Regional Vice President of your Region by **January 15<sup>th</sup>**.

Council forms should be sent to the Council Director 30 days prior to the Council meeting\*.

Local forms should be sent to the Local Association President by the due date advised\*.

\*or the Nominating Chair as prescribed by this individual.