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| **A picture containing logo  Description automatically generated** | **FIFEC BOARD MEMBER APPLICATION** | | | | | | | |
|  | | | | | | | | |
| **Candidate’s Name** | |  | | Job Title | | |  | |
| **Employer’s Name** | |  | | **Is your employer agreeable to your FIFEC participation?** | | | Yes  No  Not Sure | |
| **Employer’s Address** | |  | | | | | | |
| **Primary Phone Number** | |  | | **Other Phone Number** | | |  | |
| **Email address** | |  | | **Years in the Industry** | | |  | |
| **Please list the roles you’ve held in the insurance industry (insurance company, law enforcement, attorney, etc.)** | |  | | | | | | |
| **If you are a member of another organization, please list the name, your role/title and how long you served.** | |  | | | | | | |
| **Why are you interested in joining FIFEC?** | |  | | | | | | |
| **Please indicate the subcommittee(s) on which you would like to serve.** | | Audio Visual  Awards  Desk  DIFS Liaison | Education  Exhibitors  Gifts  Grants | | Operations  Public Relations  Registration  Site | | | Speakers  Sponsors  Website |
| **How would you contribute to FIFEC and its educational mission?** | |  | | | | | | |
| **If you were referred to FIFEC, please enter the individual’s name** | |  | | | | | | |
| **Please list 2 References** | | **Name:**  **Company:**  **Phone:**  **Email:** | | | | **Name:**  **Company:**  **Phone:**  **Email:** | | |

I certify that my answers are true and correct to the best of my knowledge. I understand that if this application leads to membership, any false or misleading information provided in this application or during any membership consideration interviews may result in my release from this organization.

I further certify that I have not been convicted of a crime involving moral turpitude.

I acknowledge that volunteering on the FIFEC Board involves dedicating many hours throughout the year in addition to the conference and that I am willing to commit to the necessary time to fully participate on the board.

I further understand that any membership offer is contingent on my review of the FIFEC bylaws and my agreement to abide by those bylaws. If considered for membership, I understand that I must serve a one-year probationary period and that my membership will be voted on after said probationary period.

     

Candidate’s Name Date

Candidate’s Signature

*Please forward your completed application to* [*d.ricci@fifec.org*](mailto:d.ricci@fifec.org)*. A FIFEC representative will contact you within 30 days of receipt of the completed application form. Thank you.*