



APPLICATION FORM

Illinois Cemetery & Funeral Home Association

BOARD OF DIRECTORS

“Every man owes a part of his time and his money to the business and industry in which he is engaged.” President Teddy Roosevelt, 1908

NAME: _____

ADDRESS: _____

PHONE: (HOME) _____ PHONE: (BUSINESS) _____

FAX: _____ E-mail: _____

Active Cemetery that you represent: _____

Why do you want to serve on the ICFHA’s Board of Directors? _____

QUALIFICATIONS AND REQUIREMENTS TO SERVE ON THE ICFHA’S BOARD OF DIRECTORS:

- Being an active member in good standing with the ICFHA
- Adhere to our Mission Statement.
- Attending Board meetings monthly as needed. Time commitment can be all day. (Failure to attend meetings and participate may be cause for removal.)
- Work on assigned committees or chair committees when appointed.
- Work on the legislative committee.
- Promoting fellowship among industry members to join our association
- Write an article for our newsletter relating to the property that you manage.
- Commitment of time and resources in order to participate on the Board.
- Access to phone, fax and e-mail.

This application does not guarantee your name will be on the ballot at the ICFHA’s Fall Convention. ICFHA’s Nominating Committee will review applications and recommend eligible candidates for the Board of Directors. If you have applied and are not on the ballot, you may be nominated from the floor of the fall convention.

I, _____, do hereby respectfully submit my application form for consideration as a Board of Director for the ICFHA. I agree to the above qualifications and requirements to serve on the Board.

Signature

Please sign, date, and return to the Association Office via mail or fax 866-758-7732.

Thank you for your interest!