



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: _____

All other Illinois cemeteries which you are affiliated with _____

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 Cemetery Professionals Code, By Laws, and Delegation of Responsibility.
- Attending Board meetings (which can be monthly as needed) and attending two conventions every year, 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, as directed by the ICFHA Legislative Committee or Lobbyist (which can require visiting legislators in Springfield).
- Promoting fellowship among industry members to join our association.
- Write an article for our newsletter relating to the property that you manage.
- A commitment of time and resources to participate on the Board.
- Provide a reasonable and appropriate donation to the ICFHA PAC every year.
- Access to phone, fax and e-mail.
- Provide notice of any violation issued by IDFPR or IOC, or of any complaint that has escalated to a formal hearing before IDFPR or IOC, to the President of the ICFHA (date, description of the violation, amount of penalty is required, pursuant to the attached).
- A written explanation of any misdemeanor or felony convictions.
- Notification of bankruptcy that has taken place within the past 4 years.

Confirmation of Understanding

Board members may at any time request information relevant to the ICFHA through the established chain of command and communication: first to the President, and Second to the Executive Committee, when the information is necessary or relevant to the performance of the Board members responsibilities. Information regarding legislative matters should be addressed to the President, Legislative Chair, Legislative Co-Chair, the Legislative Vice-chair, or at any Legislative Committee meeting.

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.

All current board members are required to submit this Application within 10 days from the date of the e-mail of this form to Board Members.

All new applicants are required to submit this application on or before August 15th of the year they have been nominated to run for the Board of Directors or as an Officer.

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

Failure to provide any of any of the foregoing will disqualify you from serving on the board of directors.

Signature

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

Thank you for your interest!

Application for the Board of Directors

Penalties or violations issued by the IDFPR and IOC over past 10 years:

Date: _____ **Illinois Office of the Comptroller**

Violation _____

Penalty _____

Violation _____

Penalty _____

Date: _____ **Illinois Dept of Financial or Professional Regulation**

Violation _____

Penalty _____

Violation _____

Penalty _____

Date: _____ **Illinois Office of the Comptroller**

Violation _____

Penalty _____

Violation _____

Penalty _____

Date: _____ **Illinois Dept of Financial or Professional Regulation**

Violation _____

Penalty _____

Violation _____

Penalty _____

Date: _____ **Illinois Office of the Comptroller**

Violation _____

Penalty _____

Violation _____

Penalty _____

