

IIBEC Board of Director's Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Are you a current member of IIBEC? YES NO Member ID: _____

Has your membership been active for the past two (2) consecutive years? YES NO

Are you a consultant member? YES NO If no, what type of membership do you hold? _____

Have you served in an IIBEC leadership role previously? YES NO If yes, please describe. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my term on the IIBEC Board of Directors, I understand that false or misleading information in my application or candidate profile may result in my release.

Signature: _____ Date: _____

For Official IIBEC Use Only:

Region Director Review:
(If Applicable)

Nominating Committee Chair Review:

Membership Review:

Background Check Complete

YES NO

Chief Operating Officer Review: _____