

**Minnesota Association of Health Underwriters
Board of Directors Application Form**

*Approved 2/20/2015*

Name: Click here to enter text.

Company: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Work Phone: Click here to enter text. Cell Phone: Click here to enter text.
Email Address: Click here to enter text.

**MAHU’s Mission Statement**
*MAHU will improve its members’ ability to meet the health, financial and retirement security needs of all Minnesotans through advocacy, professional development, and public education.*

QUALIFICATIONS REQUIRED FOR BOARD MEMBER SELECTION:

* Licensed Agent
* Can bring a variety of skills, experience, and diversity to the organization.
* Have concern for the organization’s development, and are willing to learn about all program areas of the organization.
* Are prepared to set aside any potential conflict between their personal or individual business interests to support the well-being of the organization.
* Have a developed sense of values and personal integrity.
* Are sensitive to and tolerant of views and opinions different from their own.
* Are friendly, responsive, patient, and have a sense of humor.
* Work well with individuals and groups.
* Can listen, analyze, and think clearly and creatively.
* Are not hesitant to ask questions.
* Can recruit board members and other volunteers for committee involvement.
* Are willing to develop skills they need in order to be effective board members (e.g., the ability to read and understand financial statements).
* Commit to attend at least 90% of board meetings.
* Commit to attend additional meetings as needed, which includes phone calls.
* Commit to attend the Board Retreat (July), Sponsored events, Annual Convention, Day on the Hill, etc.
* Commit to chair a committee and engage in succession planning for that position.

Business Category: ☐Broker or Agent

☐Carrier Representative

☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of your business – What do you do? Click here to enter text.

Previous or Current Board Experience? Yes ☐ No ☐ How Long? Click here to enter text.

Explain: Click here to enter text.

Describe previous involvement with MAHU (committee involvement, conference attendance, etc.), and why you want to serve in a leadership position within MAHU:

 Click here to enter text.

Please provide two (2) professional references:

Name Company Relationship Phone Number

1. Click here to enter text.

2. Click here to enter text.

I have read and support the following:

* Mission
* Qualifications for Selecting Board Members

I have experience in the following areas: (please circle any that apply or add in other)

* Administration
* Marketing/Advertising/Graphic Design
* Public Relations
* Accounting/Financial Management
* Program Development
* Speaking
* Legal
* Other:

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

Date: Click here to enter text. Name: Click here to enter text.

Signature:

Candidate Interviewed By: Click here to enter text.

References Contacted By: Click here to enter text.

RETURN THIS DOCUMENT WITH A COPY OF YOUR BIO TO THE MAHU OFFICE OR BOARD MEMBER WITH A

COPY OF YOUR INSURANCE LICENSE

MAHU Office:

5353 Wayzata Blvd, Ste 350 Minneapolis, MN 55416

**Fax: (952) 252-8096, Phone: (952) 564-3049**

*Approved 2/20/2015*