



Minnesota Association of Health Underwriters Board of Directors Application Form

Name: _____

Company: _____

Title: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

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
- Member of MAHU in good standing
- 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
- Agency Employee
- Carrier Representative
- Other _____

Previous or Current Board Experience? Yes No

How Long? _____

Explain: _____

Describe previous involvement with MAHU (committee involvement, conference attendance, etc.), and why you want to serve in a leadership position within MAHU (use the back for further detail.)

Please provide two (2) professional references:

<u>Name</u>	<u>Company</u>	<u>Relationship</u>	<u>Phone Number</u>
-------------	----------------	---------------------	---------------------

1. _____

2. _____

I have read and support the following:

- Mission
- Qualifications for Board Members

I have experience in the following areas: (please check 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: _____ Name: _____

Signature: _____

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

Mailing address:

Minnesota Association of Health Underwriters

PO Box 16657, St. Louis Park, MN 55416

Phone: (844) 333-5593

Email: office@emahu.org

Office Use Only:

Date Review processed: _____

Candidate Interviewed By: _____

References Contacted By: _____