

State & Local Government Benefits Association Board of Directors
2012 Application Form



I. General Information (Please print or type)

Applicant: _____ Professional designations: _____

Title: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (work): _____ Fax: _____ Email: _____

Please attach a resume.

1. How long have you been a SALGBA member? _____

2. Past SALGBA Annual Conference attendee:

If you have not attended at least one of the past three conferences, please explain why.

3. Past or current SALGBA activities. Please include dates and your role:

4. Do you have an interest in serving on a particular committee? If so, please explain your interest:

II. Entity information:

1. Please check each area you are responsible for:
- ___ Health & Related Benefit programs
 - ___ Life, Disability, & other ancillary benefit programs
 - ___ Benefit Plan Accounting Procedures & Financing
 - ___ Retirement & Deferred Compensation programs
 - ___ Purchasing of Benefit Programs & Service Contracts
 - ___ Wellness, Health Promotion, & Employee Assistance
 - ___ Other _____

III. Supplemental information: Please type your answers on separate attachment.

1. Why do you want to be on the SALGBA Board of Directors?
2. What qualities do you possess that would make members vote for you over other candidates?
3. Please add any other information that would be useful to the SALGBA Membership, including an explanation of what you perceive would be your role and what contribution your service would make in helping SALGBA achieve its mission to be the premier organization representing and providing assistance to public sector employee benefits administrators.

IV. Entity Endorsement

Participation in SALGBA’s Board of Directors provides an opportunity to make a contribution in public sector employee benefits, including: enhancing education concerning effective employee benefits programs, the most cost-effective ways to manage employee benefits, and through the significant dollar savings which accrue from effective employee benefit programs.

Participation in SALGBA’s Board of Directors also carries with it certain time commitments, commitments of your personal time and commitments of time away from your office.

The following gives you some idea of this commitment:

- Directors serve three-year terms.
- Board meetings are usually held as follows:
Spring—2 days in conjunction with Annual Conference
Fall—September/October -3 days
- Board members are assigned to chair a committee. Committee work can generally be conducted and completed from your office.
- SALGBA usually pays most of the travel costs to attend the Fall Board Meeting, but not for the meeting held in conjunction with the Annual Conference.

Because of this, SALGBA requires you secure the support of your entity to serve on the Board of Directors.

I have read this application regarding **(please fill in name)** _____ to serve on SALGBA’s Board of Directors. Additionally, I understand the applicant’s obligations should he/she be elected to the Board and our entity is supportive of this involvement.

(Print) Supervisor’s, Department Director’s, or other authorized person’s name and position

Signature

Date

Print Applicant’s Name

Applicant’s Signature

Date

Please return this completed application and your resume by February 1, 2012, to: SALGBA, PO Box 867, Berea, KY 40403. You may fax your form to SALGBA at (859) 623-8694 or send via email to Tina Bowling at tina.bowling@salgba.com, but the original signed application must be received in the SALGBA office by February 10, 2012.