



Board of Directors/Committee Nomination Form

The following person is interested in participating in the leadership and/or membership programs and development of the Maine Association of Health Underwriters (Maine AHU)

Name: _____

Address: _____

Phone Number: _____

Email address: _____

LinkedIn address: _____

Agency/Company: _____

Area(s) of professional knowledge and experience, including areas of insurance or related business in which you specialize:

In what area of the leadership of the Maine AHU are you interested in becoming involved and why?

PLEASE ATTACH A CURRENT RESUME, PROFESSIONAL BIO or PROFILE WHEN SUBMITTING THIS FORM.

Submitted by: _____ Date: _____

Please submit this to one of the active members of Maine AHU Board of Directors or by email to maineahu@gmail.com