

BOARD NOMINEE INFORMATION FORM

Name _____ Designations _____

Position / Title in the Agency _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail _____ Agency Website URL _____

Years in the industry _____ Time with present agency _____

What insurance industry organization(s) are you involved with? _____

List any offices held with other industry organizations: _____

I feel that PIA of TN should consider having the following goals:

1. _____
2. _____
3. _____

I feel that I can make a contribution to the PIA of TN Board of Directors in the following way(s):

1. _____
2. _____
3. _____

Remarks: *(please feel free to list any additional information that will assist the Nominating Committee in considering you for a Director position)*

THANK YOU FOR YOUR INTEREST.

The Nominating Committee will consider your nomination and a slate of Directors will be presented at the Annual Meeting of Members on April 1, 2022.

Return this form to piatn@piatn.org.