

Nominee Data and Acceptance Statement



LCBA
PO Box 13005 • Erie, PA 16514-1305
800.234.5222 • www.lcbalife.org

Personal Information:

Name:	
Address:	
City, ST Zip:	
Phone:	
Email:	
Religion:	

LCBA Information:

Current LCBA member:	<input type="checkbox"/> yes <input type="checkbox"/> no (I am willing and able to become a member)
LCBA membership history: <i>(if applicable)</i>	
Statement as to why you are seeking this nomination or are willing to accept this nomination:	

Occupation or Professional Information:

Current Employer:	
Position:	
Employment Dates:	
Business Address:	
City, ST Zip:	
Phone:	
Duties/Responsibilities:	
Special Achievements:	
Other Pertinent Information: <i>(other boards, professional memberships, committees etc.)</i>	

Education

College/University/Graduate PHD/Other Training	City/State	Years attended	Degree
Professional/Social Memberships:			

Relevant Skills ~ *Primary Responsibility of a Board Member is Strategic Oversight*

Please check all that apply:	<input type="checkbox"/> Fraternal System <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> HR <input type="checkbox"/> Community Service <input type="checkbox"/> Marketing <input type="checkbox"/> Investment <input type="checkbox"/> IT <input type="checkbox"/> Management <input type="checkbox"/> Accounting <input type="checkbox"/> Finance <input type="checkbox"/> Sales <input type="checkbox"/> Board Experience
Brief overview of how you obtained these skills:	

Nomination Information

Nominated by:	<input type="checkbox"/> Self <input type="checkbox"/> Another Person <input type="checkbox"/> Board Governance Committee <i>(Note: If nomination was not by Governance Committee, a petition with signatures of 20 adult benefit members in good standing is required.)</i>
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Acceptance Statement

I agree to the submission of my name as a nominee for the LCBA Board of Directors. I have read the LCBA Board of Directors Statement of Purpose and also understand that should I be elected to this position I will be required to attend four board meetings per year and participate on a minimum of one standing board committee.

Should I be elected by the LCBA membership to this position I am willing and able to serve in this capacity.

Signature: _____

Submit this form and the petition (if necessary) to the attention of Eileen Lydon at the address listed to the right.