



Board of Directors Application

Thank you for your interest in joining the Indiana Assisted Living Association (INALA) Board.

Information provided will be used to determine your eligibility and shared for discussion among those electing new board members. ***A resume or CV is required with your application.***

NAME: _____ **DATE:** _____

Name of Provider or Industry Member*: _____

Years affiliated with Provider or Industry Member listed above: _____

Years in the assisted living industry: _____

Work phone number: _____ **Cell phone number:** _____

Work Address: _____

Your email address: _____

Explain why you want to serve on the INALA Board of Directors: _____

Other than the employer listed above, are you affiliated with other organizations? If yes, please list, including your role:

Which skills would you bring to the Board?

Board Development

Relationship Building

Strategic Planning

Financial Management

Education program development

Fundraising/Political Action Committee (PAC)

Training

Advocacy (Legislative/Regulatory)

Marketing

Other (List Below)

What do you hope to gain by your service on the he Board? (types of experience, skills to develop, interest to cultivate).

Do you agree to commit the time needed to serve, if selected? If so, sign and date below.

Meetings occur every other month and last up to 4 hours each. Additionally, there may be meetings at the call of the Board President to discuss matters that may need addressed before the next regularly scheduled meeting.

Signature: _____ **Date:** _____

*INALA has two membership classifications, Provider Members and Industry Members. Provider Members are owners, operators, or management companies of assisted living communities in the State of Indiana. Industry Members are individuals or corporations that develop assisted living communities or provide goods or services to the assisted living industry in the State of Indiana or have an interest or involvement in the assisted living industry in the State of Indiana.