



Incentive Marketing Association

Board of Directors Eligibility

To be eligible to serve on IMA's Board of Directors, a candidate must be a voting member of IMA in good standing.

Board of Director Proposed Candidate Form

IMA Member Submitting this Nomination (You may propose yourself for consideration for IMA's Board of Directors.)

Name _____

Company _____

Email _____

Please complete all applicable sections of the Board Candidate form. This form has been designed to simplify the nomination process. It is not necessary that your candidate has been involved in all areas listed on this form. Note, your candidate must verify that the information on this form is correct. The nominee's signature is required.

Proposed Candidate for IMA Board of Directors

Name _____

Company _____

IMA/Industry Involvement (list dates of involvement and note initiatives and/or projects this individual was involved in developing or implementing. Indicate if the candidate was a chair or SIG director)

IMA Committee/SIG Involvement

- Certification _____
- Circle of Excellence Award _____
- Corporate Outreach _____
- Bylaws _____
- Education _____
- Membership/Member Benefits _____
- Strategic Planning _____
- Summit _____
- SIG _____

(list name of SIG(s))

Additional IMA/Industry Volunteerism

- Speaker at Industry Events _____
- Contributor to Corporate Outreach Initiatives _____
- Member of the Incentive Federation _____
- Participant on Advisory Boards _____
(list specific Boards)
- Legislative Involvement _____
- IMA Board of Directors (past service) _____
- Other industry organization Board of Directors _____
- Circle of Excellence Award Recipient _____
- Author on Incentive Marketing Articles _____
- Forum for People Performance Management and Measurement _____
- Incentive Promotion Center _____
- IMA Mentor/Advisor _____
- Other _____
(list specifics)

Candidate’s Required Summary Statement as to why you be an asset to IMA’s Board of Directors. (If more space is needed, one additional typed page may be attached to this form.)

Nominator’s Signature _____ **Date** _____
(If appropriate)

Candidate’s Signature _____ **Date** _____
(Required)

The IMA office reserves the right to verify all information on this form.

Return this form by June 2 to: Karen@incentivemarketing.org or mail or fax to:

IMA
1601 North Bond Street, Suite303
Naperville, IL 60563

phone: 630.369.7780
fax: 630.369.3773

Thank you!