

**CANDIDATE'S RESUME**  
**FOR**  
**OFFICE OR COMMITTEE CHAIR**

Please print

Candidate's Name: \_\_\_\_\_

Association: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Positions Candidate will accept: \_\_\_\_\_

\_\_\_\_\_

Positions previously held in Federation (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your qualifications for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: Federation Standing Rules require that this form be submitted to the Nominating Committee **no later than March 1, 2015**. If this resume is not received by the deadline, the candidate cannot be considered for an elected position. **All resumes for elected positions must be accompanied by a cover letter signed by the local Association President.** If the President is the candidate, the letter should be signed by the local association Vice-President/President Elect.

Please return to; Robin A Miller, FIPC

PO Box 395 Waddington, NY 13694

Home Phone# 315 388 5574 Fax# 315 388 5574

Cell # 315 323 0282 Email: [ram403@aol.com](mailto:ram403@aol.com)

NOMINATING REPRESENTATIVE/VOTING DELEGATE

Please Print

Association Name: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Nominating Representative/Voting Delegate: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Voting Delegate (If Any) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone; \_\_\_\_\_ Home Phone: \_\_\_\_\_

This is to certify that these representatives were appointed/elected as delegates with one vote each. (Two votes if only one delegate is listed) to the Annual Convention of the Federation of New York Insurance Professionals Inc. to be held in April 2015.

President: \_\_\_\_\_ Date: \_\_\_\_\_

Recording Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Please reply no later than **March 1, 2015** (can be submitted anytime before then) to:

Robin A. Miller, FIPC

PO Box 395 Waddington, NY 13694

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