

**NAIFA-Dallas**  
**BOARD OF DIRECTORS DATA SHEET**

**Section I: 2021 BOARD MEMBERS & COMMITTEE CHAIRS:**

Full Name & Designations: \_\_\_\_\_

Primary Company: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Assistant's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Section II: PERSONAL DATA:**

Birthday: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Education: \_\_\_\_\_ Job Experience: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Children & Ages: \_\_\_\_\_

Federal Senator: \_\_\_\_\_ Federal Representative: \_\_\_\_\_

State Senator: \_\_\_\_\_ State Representative: \_\_\_\_\_

Personal Interests and Hobbies: \_\_\_\_\_

Other Insurance-Related Affiliations: \_\_\_\_\_

**Section III: BOARD PARTICIPATION:**

Office, Directorship or Committee: \_\_\_\_\_

Year Elected/Appointed to Board: \_\_\_\_\_ Current Term Expires: \_\_\_\_\_

Membership on Other Boards: \_\_\_\_\_

Appointments or Offices Held in Community: \_\_\_\_\_

**Section IV: MEETING YOUR NEEDS:**

Why did you agree to serve on the NAIFA-Dallas Board (i.e., business, social, community service, other)?

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