



Board Member Application Form

Family Mutual Insurance Company

Full name: _____

Mailing Address: _____

How long have you been an FMIC Policyholder? _____

Telephone: _____ Email: _____

Occupation: _____

Were you referred by a current or former Board or staff member? Name: _____

In lieu of answering the next questions, please feel free to attach a resume.

Why are you interested in serving on the FMIC Board of Directors? _____

What special contributions would you make as a Board member? _____

Professional/Business/Volunteer affiliations: _____

Membership in other organizations: _____

The FMIC Board would like to know what skills you would contribute as a Board candidate. Please check the following that would apply:

Insurance

Business Development

Marketing

Contracts

Investments

Law

Other

Nominations will be reviewed for upcoming vacancies and will be maintained for future consideration. Thank you for your interest in serving on the Family Mutual Insurance Company Board of Directors.

Signature of applicant: _____ Date: _____

The completed application can be emailed to family@familymutualinsurance.com or sent by mail 1710 Burnt Boat Dr. Ste 1, Bismarck, ND 58503.