

NASP BOARD OF DIRECTORS

APPLICATION FOR NOMINATION

DIRECTIONS: If you are nominating someone for a position on the NASP Board of Directors, please complete only Section One and return it to the NASP office. If you are nominating yourself for a position on the NASP Board of Directors, please answer all the questions on a separate piece of paper and attach it to this form. If you have any questions, please contact Leslie S. Wiernik at the NASP Office, (800) 574-9961. Thank you! **All completed applications must be received in the NASP office no later than close of business on May 8, 2009.**

I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL FOR THE NASP BOARD OF DIRECTORS

(PLEASE USE ONE FORM PER NOMINEE).

SECTION ONE - INDIVIDUAL'S INFORMATION

Name

Company

Address

City/State/Zip Code

Phone

Fax

Email

MEMBERSHIP CATEGORY

Insurance Claims Professional Service Provider – Attorney Service Provider – Non-Attorney

SECTION TWO - EMPLOYMENT INFORMATION

1. Current Employer (please include the address, phone, fax & email address).
2. Current Position and Title.
3. Number of years you have been employed in your field. Please list your employers and the dates of employment and a short statement of your duties.
4. Experience in the Subrogation Field. Please list your employers, the dates of employment and a short statement of your duties with regard to subrogation.

SECTION THREE - INDUSTRY DESIGNATIONS/AFFILIATIONS

5. List all Insurance Industry groups in which you are a current member and a past member. List the name of the group, affiliation, years of membership and any offices held, and a brief description of your involvement with the group.

>> continued

SECTION FOUR - NASP INFORMATION

6. Please list the date (year) you joined NASP and all NASP activities you have participated in.

Please answer the following questions:

7. Why are you interested in becoming a member of the NASP Board of Directors?

8. What contributions can you make to the NASP Board of Directors?

9. Please share with the Nominating Committee your answer to the following question:
"Where do you see NASP in five years?"

10. Please share with the Nominating Committee your answer to the following question:
"If you had to set one goal for NASP, what would that goal be?"

SECTION FIVE - REFERENCES

11. Please give us the name, current business address and phone numbers of two references. One reference should be a NASP member. Your second reference should be from within the insurance industry.

TIME COMMITMENT

All potential Board members should be available to assist NASP by donating an average of 15 hours per month to the Association, through committee and board responsibilities. In addition, the Board of Directors meets together five (5) times per year (February, May, August, before the conference in November and on the last day of the conference); however this schedule is subject to change.

All questions should be directed to Leslie S. Wiernik at the NASP National Office: (800) 574-9961 or via email at leslie.wiernik@subrogation.org.

Deadline for Application: May 8, 2009

