

**ALASKA MUNICIPAL LEAGUE JOINT INSURANCE ASSOCIATION, INC.
BOARD OF TRUSTEES
DECLARATION OF INTEREST FORM**

Please return to the Alaska Municipal League Joint Insurance Association by August, 1, 2010

Full Name: _____

Title: _____

Municipality/Organization: _____

Number of Years: _____

Mailing Address: _____

Phone: _____ (home) _____ (work) FAX: _____

Email: _____

- I am interested in serving on the AMLJIA Board of Trustees and request that I be considered for appointment to the AMLJIA Board. My areas of expertise or special interest are:

- | | |
|--|---|
| <input type="checkbox"/> Municipal/School Operations | <input type="checkbox"/> Safety/Loss Control |
| <input type="checkbox"/> Claims Administration | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Underwriting/Coverages | <input type="checkbox"/> Other (Explain): _____ |
| <input type="checkbox"/> Law | |

- I declare that I will serve and participate actively on the Board if appointed.

Signature of Applicant: _____

If applicable: On behalf of the municipality/school district/organization, I am authorized to commit support* of the above individual's active participation on the Alaska Municipal League Joint Insurance Association Board of Trustees.

Name: _____ Authorized Signature: _____

Title: _____ Phone: _____

Previous municipal/school district positions held: (You may attach a resume, if you have one)

Number of years: _____

* The AMLJIA reimburses Board members for approved travel and related costs.