



Indiana Association of Local Boards of Health

615 N Alabama St, Ste 426 ♦ Indianapolis, IN ♦ 46204
Phone 317.520.9345

InALBOH Advisory Board Nomination Form

InALBOH Mission

The mission is to strengthen local boards of health through education, training, networking, advocacy and technical assistance, thus enabling them to effectively support the core functions and the ten essential services of public health that promote and protect the health of their communities.

Who is Eligible

Individuals must be a member of an Indiana Local Board of Health which must also be a current member of InALBOH

Advisory Board Position Duties

President—The president shall be the chief officer and shall preside at meetings of the association and of the advisory board. The president shall be the representative on the IPHA Board of Directors.

President-Elect—The president-elect shall provide the president with any assistance required and shall serve as president in case of temporary absence or disability of the president.

Secretary/Treasurer—The secretary/treasurer shall maintain the records of the association and shall be responsible for all correspondence and notices pertaining to the meetings and recording of all official actions of the association. He/She shall have charge and custody of all funds and securities of the association and shall deposit moneys, securities and other valuable effects in the name of the association.

At-Large Member — Members At-Large shall participate in Advisory Board activities and decision-making.

Advisory Board Positions Availability for Nomination

President—Not available, must serve as President-Elect first

President-Elect—Available

Secretary/Treasurer—Available

At-Large member — Two positions available

All terms are one year in length.

How to Recommend Nominees

You may recommend yourself or others (as many as you'd like) for nomination to the Advisory Board. Fill out the nomination form on the back and submit to the above address. Be sure to fill out completely and accurately.

The Nomination Process

After all nominations are gathered, a slate of potential Advisory Board members will be drawn. Positions will be elected annually by a majority vote of the voting members of the association present at the annual meeting.



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Please fill out and send nomination form to the above address. Thank you.

Date: _____ **County:** _____

Name of Nominee: _____

Address: _____

Email Address: _____ **Phone Number:** _____

Employment: _____

Name of Nominator: _____

Address: _____

Email Address: _____ **Phone Number:** _____

Nominator's Signature: _____

What skills, abilities and expertise would the nominee bring to InALBOH?

Why would the nominee like to become a part of InALBOH leadership?

Please list contributions to public health and the community, if applicable (optional).

Thank You So Much for Your Nomination to the InALBOH Advisory Board.