

**WILLINGNESS TO SERVE**

The Illinois CCIM Chapter is always looking for people to serve as committee members and/or on the Board of Directors. If you would like to become more involved in the Illinois CCIM Chapter, now is your chance. Simply indicate your interests below and someone will be in contact with you shortly.

Thank you.

#  DIRECTOR

Directors are elected for a two-year term. As a member of the Board of Directors, you will be representing Chapter members in Illinois.

#  COMMITTEE VOLUNTEER

 Please check the committees that interest you.

 \_\_\_\_\_ **Sponsorship**

* Identify and solicit sponsors for the Chapter and Special Events.

 \_\_\_\_\_ **Membership**

* Build and maintain chapter membership, and develop and implement strategies for recruiting and retaining Chapter members.

 **\_\_\_\_\_ Networking**

* Provide programs and events that encourage and promote networking and relationship building for the Chapter

 \_\_\_\_\_ **Education and Candidate Guidance**

* Promotes and provides education opportunities throughout the year for CI and other educational programs

 \_\_\_\_\_ **Candidate Guidance / Designation Promotion**

* Assist and Guide CCIM candidates through the candidacy process. Promotes the CCIM brand.

\_\_\_\_\_ **Budget / Audit**

* Assist and Guide CCIM candidates through the candidacy process. Promotes the CCIM brand.

 \_\_\_\_\_ **Programs**

* Responsible for preparing the budget and monitoring the financials of the Chapter

 **\_\_\_\_\_ Nominating**

* Solicit candidates for board elections

Create a proposed slate for directors and executive committee

 \_\_\_\_\_ **Legislative Affairs**

* Monitors and reports on critical legislative issues to the Chapter.

 \_\_\_\_\_ **J. Keepper Society**

* Consists of past chapter presidents to promote student memberships and provides mentoring and scholarships.

 \_\_\_\_\_ **Marketing / Communications**

* Develops and executives an annual plan to improve communications to members, public and media.

Name:

Company:

Address:

City, State, Zip:

Fax:

Telephone:

Email:

Date:

***Please return to:***

**Illinois CCIM Chapter**

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