Indiana Public Health Association
Board of Directors Member Agreement

As a board member of the Indiana Public Health Association (IPHA), I am fully committed and dedicated to the organization, and I pledge to carry out the mission. I understand that my duties and responsibilities include, but are not limited to the following:

1. I am fiscally responsible, with other board members, for this organization. I will know what our budget is and take an active part in reviewing, approving, and monitoring the expenses and revenues.

2. I know my legal responsibilities for this organization and those of my fellow board members. I am responsible for knowing and overseeing the implementation of policies and programs.

3. I accept the bylaws and operating principles and understand that I am responsible for the health and wellbeing of this organization.

4. I will give what is for me a substantial financial donation. I may give this as a one-time donation each year or pledge to give a certain amount several times during the year.

5. I will actively engage in fundraising for IPHA, including membership development activities, in whatever ways are best suited for me. These may include individual solicitation, undertaking special events, writing mail appeals and the like.

6. I will actively promote IPHA and encourage and support all volunteers and staff.

7. I will attend board and committee meetings. If I miss two consecutive meetings, I understand the Board President will request a session with me to determine a solution to the issue. I will be available for consultation with staff and other board members when possible. I will serve on at least one

IPHA committee. If I am not able to meet my obligations as a board member, I will offer my resignation.

8. I will attend at least one major event sponsored by the IPHA per year.

9. I will maintain confidentiality of all board meeting discussions and will use the utmost discretion in all IPHA matters, including adherence to the Confidentiality and Conflict of Interest policies.

10. In signing this document, I understand that no quotas are being set and that no rigid standards of measurement and achievement are being formed. Every board member is making a good faith agreement and not a binding contract. We are trusting each other to carry out the above agreements to the best of our ability.

In addition, the IPHA is responsible to me in several ways:

- I will be sent regular financial reports and an update of organizational activities that allow me to review IPHA's financial position.

- I can call on paid staff and the Board President to discuss IPHA's goals, activities, and status.

- Board members and staff will respond in a straightforward fashion to questions that I feel are necessary to carry out my fiscal, legal, and moral responsibilities to this organization.

- Directors and Officers insurance will be provided.

Signed: _____Date:_____
Board Member

Signed: _____Date:_____
Board President