



2011 NAIFA-Florida
LEADERSHIP IN LIFE INSTITUTE



CANDIDATE APPLICATION

Please complete this application thoroughly and print or type all answers to questions as asked. Whenever possible, limit your replies to the spaces provided below, selecting the information about yourself that you believe to be the most outstanding and relevant. Resumes will not be considered in lieu of answers to the following questions. This form may be duplicated.

I. BACKGROUND INFORMATION

1. Full Name Last First MI 2. Preferred Name

3. Titles or Designations 4. Birth Place

5. Date of Birth 6. Spouse Name

7. Company / Organization

Place a check in the box adjacent to your preferred mailing address, phone, fax and e-mail address.

8. Business Address 9. Home Address

10. Business Phone Ext. 11. Business Fax

12. Home Phone 13. Home Fax

14. Other Phone(s)

15. Business e-mail 16. Home e-mail

17. Who encouraged you to apply? List that person's name, address and telephone number below.

18. What local association do you belong to? For How Many Years?

APPLICANT CHECK LIST

- Completed Signed Application
Check (Made payable to NAIFA-FL) or Credit Card Authorization for \$775 Tuition
Letter of recommendation and explanation from local association
Letter of understanding from immediate supervisor
My check is enclosed / Paying with a credit card
VISA or MasterCard Exp. Date
Card Number: CVV#:
Authorized Signature:
Billing Address of Credit Card:
Name on Credit Card:

INSTITUTE USE ONLY

DATE RECEIVED: INITIALS:
COMPLETE INCOMPLETE
ACCEPT REJECT
LETTER:

APPLICATIONS MUST BE RECEIVED BY: August 15, 2011

SEND COMPLETED APPLICATIONS TO:

NAIFA-Florida
1836 Hermitage Blvd, Suite 200
Tallahassee, FL 32308

Our LILI Institute will be held beginning in January 2011 in South Florida. Questions, contact Steve Saladino at (813) 637-6319

IV. INDUSTRY ACTIVITIES

A. Describe your past and current volunteer involvement in any financial services industry organization (e.g. Local Association of Insurance and Financial Advisors, MDRT, IAFP).

<u>INDUSTRY ORGANIZATION</u>	<u>POSITION HELD</u>	<u>PERIOD OF INVOLVEMENT FROM - TO</u>	<u>AMOUNT OF TIME YOU SPENT/SPEND</u>	<u>RESULTS OR ACCOMPLISHMENTS (IF APPLICABLE)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Describe your anticipated involvement and goals for the next 3-5 years.

V. FINAL QUESTIONS

1. Describe your image of an excellent leader.

FINAL QUESTIONS (continued)

2. Why do you want to be selected for the Leadership In Life Institute?

3. What do you consider the major reason you should be selected?

4. What do you hope to gain from participation?

5. Are you willing to commit to two years of volunteer service in your local AIFA?

6. Have you ever been the subject of any insurance or securities regulatory investigation or action? ____ If yes, attach details.

7. How many years of financial services experience do you have? ____ (2-year minimum requirement for admission to LILI)

8. How long have you been a member of a local NAIFA affiliate? ____ (12 months minimum)

9. Commitment Statement (Please read carefully before signing and submitting your application)

I understand the purpose of the NAIFA-Florida Leadership in Life Institute and if I am selected I will devote the time and resources necessary to complete the program. I have sought and received the full support of the important people in my life, including my family and employer. I understand that even though emergencies do arise, I am expected to attend every session. I understand if I miss more than one (1) segment for whatever reason, I will be asked to withdraw from the program and no portion of tuition will be refunded.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I know and understand that all items herein may be verified. If selected, I have my company/organization support for my participation. I will be able to attend all six seminars in their entirety. I understand that there are no tuition refunds once I have been selected to participate in LILI.

Candidate's Signature

Date

Print Your Name