

IFDA OFFICER NOMINATION FORM

Return to the IFDA office no later than March 21, 2024

If you would like to nominate someone for one or all of these positions, please complete this form **FOR EACH NOMINATION** and send back to the IFDA office no later than **March 21, 2024**.



Colin Yoder
President
Goshen
Yoder-Culp Funeral Home



Ray White
*President - Elect
Griffith
White Funeral Home



Dale Knouse, CFSP
*Vice President
LaPorte
Cutler Funeral Home &
Cremation Center

Secretary-Treasurer
Nominations Open

**The President-Elect and Vice President must be re-nominated for their positions.*

WHO CAN NOMINATE SOMEONE FOR OFFICE:

ARTICLE II. Membership.

For the purposes of participation in association activities and election to an association office, any employee of an Establishment member who holds a valid Indiana funeral director's license shall be considered a member of the association although only *one designated representative may vote on behalf of the Establishment*.

WHO CAN BE NOMINATED FOR OFFICE:

ARTICLE IV. Board of Directors

10. Qualifications for Membership on Board of Directors. All officers and directors of the association must be, as of the date of commencement of a term of office and continuing throughout such term:

- g. An individual licensed by the State of Indiana under Indiana Code 25-15, et seq.; and
- h. An individual directly affiliated with a funeral home licensed under Indiana Code 25-15 and an Establishment member in good standing either as an employee, consultant, officer and/or director.

ARTICLE V. Officers

1. The officers of the association are: President; President-elect, Vice President; and Secretary-Treasurer.
2. Qualifications. In order to be eligible for nomination and election as an officer of the association, such individual must have been previously elected to and have served as a district director of the association. In the event no individual is nominated for an association office who meets this criteria, nomination and election to office shall be from among the general membership of those otherwise eligible to hold office.

OVER FOR NOMINATION FORM

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OFFICE: President-Elect Vice President Secretary-Treasurer

IF ANY PORTION OF THIS FORM IS NOT COMPLETED, IT WILL BE DISQUALIFIED

Name of Nominee _____

Funeral Home _____ City or Town _____

I hereby nominate the above-named individual. I certify that I have confirmed with the above-named nominee that they are eligible and willing to serve in this capacity if elected. I am a member in good standing (dues must be current) with the association.

My Name [print] _____ FD License # _____

Funeral Home _____ City or Town _____

Signature _____ Date _____

Return to the IFDA office via mail, fax or email no later than March 21, 2024

