   
 **Board of Advisors  
AY 2017-2018 and AY 2018-2019**  
As a member of our Center’s Board of Advisors, please complete the form below.

**Florida Atlantic University’s**

**International Center for Emergency Management**

***in partnership with Sheba Medical Center, Israel***

***www.fau.edu/savinglives***

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City State Zip |  |
| Phone: cell/home/office |  |
| Email |  |

Brief description of yourself: background, professional experience, and passions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Your term of service on the Advisory Board is two years, commencing retroactively from July 1, 2017, to June 30, 2019. Your term is renewable for one more year, up to three more times, for a maximum of five years of service.  
  
As a member of the Advisory Board, you agree to attend at least 50% of our Advisory Board meetings, choose a committee on which to serve, agree to a minimum gift each year, and attend our events and programs as ambassadors of the ICEM.

You will have the unique opportunity to train as citizens for volunteer opportunities, and be instrumental in shaping and guiding our Center as we move forward academically and operationally. The Advisory Board is led by an Executive Committee, which can include Chairs of our Committees, as well as Executive Committee positions – Chairman, Co-Vice Chairman, and Secretary.   
  
Please choose your first and second choices for a committee on which to serve:

EXTERNAL

☐Community Engagement ☐ Marketing/Communications ☐ Fundraising

INTERNAL/OPERATIONS  
☐ Deployment ☐Field Hospital ☐ Academics ☐ Simulation Center

Please choose your financial support payment, a two-year pledge, with a minimum annual contribution of $1000.  
  
☐$1000 per year as an Advisory Board Member   
to be paid: ☐in full ☐ in two payments  
I (we) plan to make this contribution in the form of:

☐check Enclosed is my check for $\_\_\_\_\_\_\_\_\_\_\_, Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐credit card ☐other (ex: stock transfer)

If your gift can be matched by your company or a foundation, please choose:

☐Form enclosed ☐Form will be forwarded  
Please use the following name(s) in all acknowledgements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| *Please make checks, corporate matches, or other gifts payable to:* **FAU Foundation** and send this form and the payment to FAU College of Business, Attention Rebekah Dickinson, 777 Glades Road, BU 324 Boca Raton, Florida 33431 | | |

|  |  |
| --- | --- |
| Credit card type | ☐Amex ☐VISA ☐MasterCard ☐Other |
| Credit card number |  |
| Expiration date |  |
| Authorized signature |  |

Your gift to FAU is tax deductible to the extent allowed by law. Consult with your tax advisor for deductibility of your charitable gift.