



## Advisory Board Member Agreement

### Equality Indiana Educational Fund, Inc. (dba Equality Indiana, a 501(c)(3) entity)

As a member of the Advisory Board for Equality Indiana, I commit to supporting its mission, vision, and values, and to act responsibly as a steward of the organization.

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#### My Commitments as an Advisory Board Member

##### Outreach

- Represent and promote Equality Indiana in my community.
- Serve as a spokesperson when asked.

##### Participation

- Attend at least 75% of Advisory Board meetings; review materials in advance.
- Serve on at least one Working Group, if asked.
- Share my expertise, respect fellow members, and abide by the conflict-of-interest policy.

##### Resource Development

- Make an annual, personally meaningful financial contribution (ideally among my top three charitable commitments).
- Help identify and cultivate new donors, volunteers, and advocates.
- Actively participate in fundraising activities.

##### Engagement

- Stay informed about the work and relevant issues of Equality Indiana.
- Participate fully in meetings, raising questions or concerns when needed.
- Participate in board evaluations and step down if unable to meet commitments.

##### Term & Compensation

- Serve a one-year term, renewable for up to four consecutive terms, with a one-year break before returning.
  - Service is unpaid.
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#### What Equality Indiana Commits to you as an Advisory Board Member

- Provide timely updates on programs, goals, and activities.
  - Offer opportunities for training and professional development.
  - Respond promptly to member questions.
  - Reimburse reasonable expenses (excluding attendance at regular meetings).
  - Respect changes in personal circumstances affecting service.
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If I cannot fulfill these commitments, I will notify the Board President or designee. This agreement is a **mutual understanding**, not a legal contract.

*"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."* – Margaret Mead

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**Signatures**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Signature of Organizational Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date