



Board of Directors Application

Contact Information

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Spouse: _____

Business/Employment: _____ Title: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Interest

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> Education | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Business | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Health Care/Insurance | <input type="checkbox"/> Financial Services | <input type="checkbox"/> |

Other: _____

Specific Skills (Please Describe)

- Finance _____
- Legal _____
- Marketing/Professional contacts _____
- Other _____

Commitment

- Will attend 90% of board meetings Able to attend 50% of Chamber events _____
- Willing to serve on one committee Willing to advocate when requested _____

Please briefly answer the following questions:

1. What do you believe is your most valuable contribution to this Board?

2. Why do you want to serve on this board?

3. What is your special area of interest (Tourism, Membership, Advocacy, and Economic Development)?

