Heart of Wisconsin

Chamber of Commerce

Heart of Wisconsin Board of Directors

Application

Name_____

Company Name_____

City_____ Zip _____

Home Phone_____Work Phone _____

Email_____

Please provide a brief background on yourself, including any involvement in volunteer activities:

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What do you consider your most important achievement to date?

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What do you consider your best skills (Examples: planning, organization, communication, etc)?

In your judgment, what are three problems facing the Heart of Wisconsin area today? Explain these problems, and give recommendations for approaching and resolving them.

What do you expect to gain from your participation in the Heart of Wisconsin's Board of Directors?

Please return to:

Board of Directors
Heart of Wisconsin Chamber of Commerce
1120 Lincoln Street
Wisconsin Rapids WI 54494

Heart of Wisconsin
Chamber of Commerce