



# Women's Leadership Council Application

Full Name: \_\_\_\_\_  
Preferred Pronouns: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Media Handles: \_\_\_\_\_

Please provide a short bio (150 words max):

Why are you interested in the Women's Leadership Council?

What priorities or issues are you most passionate about with respect to inclusion and women's leadership in the local business community?

Do you commit to at least 2.5 hours per month to the Women's Leadership Council?

Yes       No

Anything else you would like us to know about you:

Please email your completed application to [ceo@abbotsfordchamber.com](mailto:ceo@abbotsfordchamber.com)

Thank you for completing this application. A member of the Women's Leadership Council will be in contact with you to follow up.