

\* Before you print out and complete this form, please consider downloading a digital copy of this form (pdf) from our website (statelinechamber.com) and emailing it to office@statelinechamber.com

## Candidate Info

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Member Business/Title \_\_\_\_\_

Explain why you want to join the BOD \_\_\_\_\_

\_\_\_\_\_

## Qualifications

Job & Other Related Experiences \_\_\_\_\_

\_\_\_\_\_

Have you previously volunteered with the Chamber (if yes, explain)  Yes  No

\_\_\_\_\_

Do you have any affiliations that impair your ability to serve? (if yes, explain)  Yes  No

\_\_\_\_\_

If appointed to a seat on the Board, you agree to abide by all of the policies, procedures, bylaws, and other requirements of service as determined by the Board of Directors. You attest that you are and will remain a member in good standing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date