



**COVINGTON CHAMBER OF COMMERCE
APPLICATION FOR BOARD OF DIRECTORS POSITION**

APPLICATION MUST BE SUBMITTED TO THE COVINGTON CHAMBER OF COMMERCE
Mail: P.O. Box 8041, Covington, WA 98042 Email: info@covingtonchamber.org Phone: 253-329-0999
Please email a current photo and short biography to: info@covingtonchamber.org

APPLICATION INFORMATION

FULL NAME: _____

HOME ADDRESS: _____

BUSINESS REPRESENTING (unless "individual"): _____

LENGTH AT CURRENT BUSINESS: _____ IS IT INSIDE CITY LIMITS?: ___yes ___no

EMAIL: _____ PHONE: _____

EDUCATION: _____

COMMUNITY RELATED ACTIVITIES/VOLUNTEER EXPERIENCE:

Please include name(s) of organizations, mos/years or length of service:

SKILLS/SPECIAL INTEREST: _____

EXPERIENCE RELATED TO BOARD OF DIRECTORS POSITION: _____

WOULD ANY CONFLICT OF INTEREST ARISE AS A RESULT OF YOUR APPOINTMENT?

___ YES or ___ NO. IF YES, PLEASE EXPLAIN: _____

THREE SIGNATURES FROM BUSINESS VOTING DESIGNEES:

1. NAME, Print: _____ Sign: _____

BUSINESS REPRESENTING: _____

2. NAME, Print: _____ Sign: _____

BUSINESS REPRESENTING: _____

3. NAME, Print: _____ Sign: _____

BUSINESS REPRESENTING: _____

As an applicant for the above-appointed position, I understand that this completed application and supporting documents may be made available for public inspection.

SIGN NAME: _____ **DATE:** _____

PRINT NAME: _____