Bolingbrook
AREA CHAMBER OF COMMERCE
"Where Business... Government... and Community Meet"

Application *for* Board of Directors

Date _____

Please print

Name _____ Title _____

Organization _____

Phone _____ Email _____

How long has your organization been in the community? _____

Years Chamber member? _____ Have you served as an Ambassador? [_] Yes [_] No

Other Chamber activities _____

_____

_____

How many hours a month do you think you can devote to Board activities? _____

Other board experience (*Please give details*) _____

_____

_____

Other organizations to which you belong _____

_____