

## **Application for Board of Directors**

The information provided will be handled in a confidential manner. Submission of completed application does not mean you will receive a seat on the board of directors. Additional information or an interview may be required.

Business or Company you would be representing:			
Applicant's Name:	Title:		
Business Address:			
City:	State:	Zip:	
E-mail #:	Business Phone:		
Home Address:			
City:	State:	Zip:	
Mobile Phone #:	Birthdate: (Month and Day)		
What is your prior involvement with the Belvidere Areas Chamber of Commerce?			
In what other ways are you involved in community programs?			
In what capacity have you been involved in any previous fund-raisers for non-profit groups?			
Help us understand why you are interested in serving	ng on the Chamber Boa	rd:	

What strengths do you feel you could bring to the Chamber and/or Board? Select all that apply.

Legal Experience
Fundraising
Public Relations/Marketing
Budgeting/Finance
Volunteer Leadership
Involvement and knowing the Community
Communications
Fundraising

Human Resources
Strategic Planning
Membership Growth
Website development/enhancement
Other:

Each Director serves a three (3) year term with potential renewal of an additional three (3) year term. Directors are expected to attend monthly board meetings, participate in at least one committee, and attend events regularly. In general, a director is asked to commit between 3-10 hours per month to the Belvidere Area Chamber of Commerce. Is there another individual in your company who could take over these responsibilities if you are no longer able to meet these requirements?

FOR COMMITTEE USE ONLY		
Scheduled for Interview:		
Nominating Committee Approved: Yes	No	
Executive Committee Approved: Yes	No	
Board Approval Date:		
Accepted for Board? Yes No	Date:	
Committee interest:		
Contact later, date:		
Board Orientation scheduled:		

<sup>\*</sup>Please email your application to info@belviderechamber.com Thank you!