



Board of Directors Application

Contact information

Nominee _____

Title _____

Name and type of business _____

Address _____

City _____ ZIP Code _____

Phone _____ E-mail _____

Chamber Member Since _____ No. of Employees _____

Volunteer Leadership Experience _____

Relevant education, career experiences, leadership skills, achievements _____

Will you have the time to devote to the Chamber Board; More than attending meetings and Chamber functions? _____

What do you feel the role of the Chamber should be? _____

What do you feel are presently the Chamber's strong points? _____

In what areas do you feel the Chamber has room for improvement? _____

In what manner do you feel you can help strengthen the Chamber? _____

Is there any special item or issue you would like to see the Chamber address? _____

What talents do you bring to the Board? _____

In what area of the Chamber activities would you like to serve? _____

What do you feel are your strong points (organization, fundraising, speaking, etc.)? _____

Are you currently serving on any other Boards of Directors? Please list. _____

Is there anything else you would like to tell the Nominating Committee? _____

Signed: _____

PLEASE PRINT OR TYPE YOUR RESPONSE AND SEND TO:

Lake of the Ozarks West Chamber of Commerce
Election Committee
PO Box 340
Sunrise Beach, MO 65079

Election Committee: