Board of Directors Application Form



Candidate Name:		
Home Address:	Home Phone:	
	Work Phone:	
Email:	Preferred Method of Contact:	
Current Position & Employer:	_	
In accordance with the by-laws of the Bandon Area requesting nominations for consideration for the Chamber Boelected, policy-making body of the Chamber whose membership of the community.	oard of Directors. The Board of Directors is the	
The Board of Directors is responsible for approving the annual receiving and acting on committee reports and recommendatio organization.		
You must be a current Bandon Area Chamber of Commerce m Directors.	nember in good standing to serve on the Board of	
All submissions for nominations to the Board of Directors must be received at the Bandon Chamber no later than 4 pm on March 31, 2023. Please email your nominations to info@bandon.com or bring them to the Chamber office.		
Please describe your relevant experience and/or employment:		
 Please describe the area(s) of expertise/contribution your of the Bandon Area Chamber: 	ou feel you can make to further the mission	
3. Please list prior experience, if any, serving as a Board	member for other non-profit organizations:	

Board of Directors Application Form



4. What other volunteer commitments do you currently have?				
5. Why are you interested in serving as a Board member for the Bandon Area Chamber?				
What education or skills could you contribute to the Bandon Area Chamber of Commerce Board? (Please check all that apply)				
	Accounting	Fundraising	Organized	
	Investment	Community Relations	Team	
	Management	Planning	Technology	
	Financial	Education	Marketing	
	Leadership	Motivated		
	Public Speaking	Other (Please Specify):		
Availability: The Bandon Area Chamber of Commerce Board of Directors generally meets on the second Thursday of every month at 8:30 a.m. Can you attend monthly meetings? YES NO				
Name	:	Date:		
Signa	ture:			