

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 Chamber of Commerce, The Chamber is requesting nominations for consideration for the Chamber Board of Directors. The Board of Directors is the elected, policy-making body of the Chamber whose members represent the business and professional leadership of the community.

The Board of Directors is responsible for approving the annual Business Plan and supporting budget, receiving and acting on committee reports and recommendations, and directing the general activities of the organization.

You must be a current Bandon Area Chamber of Commerce member in good standing to serve on the Board of Directors.

All submissions for nominations to the Board of Directors must be received at the Bandon Chamber no later than 4 pm on March 19, 2025. Please email your nominations to info@bandon.com or bring them to the Chamber office.

1. Please describe your relevant experience and/or employment:

2. Please describe the area(s) of expertise/contribution you feel you can make to further the mission of the Bandon Area Chamber:

3. Please list prior experience, if any, serving as a Board member for other non-profit organizations:

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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: _____

Signature: _____