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 Are requesting nominations for consideration for the Chamber elected, policy-making body of the Chamber whose me leadership of the community.	Board of Directors. The Board of Directors is the	
The Board of Directors is responsible for approving the receiving and acting on committee reports and recommen organization.		
You must be a current Bandon Area Chamber of Commerc of Directors.	ce member in good standing to serve on the Board	
All submissions for nominations to the Board of Director later than 4 pm on March 18, 2026. Please email your nather Chamber office.		
Please describe your relevant experience and/or employment:		
 Please describe the area(s) of expertise/contribution of the Bandon Area Chamber: 	you feel you can make to further the mission	
 Please list prior experience, if any, serving as a Boar 	rd member for other non-profit organizations:	

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4.	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):		
<u>Availability</u> : 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				
Na	me:	Date: _		
Sig	gnature:			