

BOARD OF DIRECTORS

Candidate Application

CONTACT INFORMATION _____

DATE _____

NAME _____
FIRST MI LAST PREFERRED NAME

EMPLOYER NAME _____

TITLE _____

EMPLOYER ADDRESS _____
STREET ADDRESS CITY STATE ZIP

OFFICE PHONE _____ CELL PHONE _____

BUSINESS EMAIL _____

NUMBER OF EMPLOYEES _____

TYPE OF BUSINESS OR ORGANIZATION **Other** _____

- | | | | | |
|---|---|---|--|-------------------------------------|
| <input type="checkbox"/> Banking/Financial/Audit | <input type="checkbox"/> Entertainment/Sports | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Manufacturing/Transportation | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Construction/Engineering/Development | <input type="checkbox"/> Government | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Marketing/Public Relations/Communications | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Legal | <input type="checkbox"/> Media | <input type="checkbox"/> Retail |

AREAS OF EXPERTISE

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Accounting | <input type="checkbox"/> International Affairs | <input type="checkbox"/> Physical plant |
| <input type="checkbox"/> Community Connections | <input type="checkbox"/> Banking and Trusts | <input type="checkbox"/> Law/Legal | <input type="checkbox"/> Policy/Legislation |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Investments | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Government | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Other _____ |

Special program focus (education, health, public policy, social services)

QUESTIONNAIRE

Have you been involved with the Greater Green Bay Chamber before?

YES

NO

If yes, in what capacity? _____

Please list boards and committees you currently serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

ORGANIZATION

ROLE/TITLE

DATES OF SERVICE

ORGANIZATION	ROLE/TITLE	DATES OF SERVICE

Education/Training/Certificates:

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How do you feel the Greater Green Bay Chamber would benefit from your involvement on the Board?

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Optional: What Board Committee interests you the most or would you like to serve on?

Chamber Board

Economic Development Advisory Board

Partners in Education (PIE) Advisory Board

Please tell us anything else you would like to share:

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THANK YOU FOR APPLYING!

