



JACKSON AREA CHAMBER OF COMMERCE

INTERESTED IN BECOMING A BOARD MEMBER?

Date: _____

Name: _____

Position/ Title: _____

Company: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Years with Present Company: _____

Educational Background: _____

Work History: _____

Chamber Participation: _____

Community Activities: _____

Other Memberships, Achievements, etc: _____



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If selected, how do you feel you could contribute to the success of the Chamber? _____

Are You Willing to give time, energy, and resources to support the mission of the Jackson Chamber of Commerce? _____

Members stay connected to the Chamber through meeting attendance, committee work, membership events, email and other Chamber communications. Do you have the time and resources to be an active member of the Chamber board? _____

Are you comfortable soliciting others for membership and funding? If yes, describe any experience(s) in doing so: _____

What does leadership mean to you? _____

What do you believe are the two most significant issues or problems facing the Jackson Chamber? _____
