



## Board of Directors Application

### Contact information

Nominee

Title

Name and type of business

Address

City

ZIP Code

Phone

E-mail

Chamber Member Since

No. of Employees

Volunteer Leadership Experience:

Relevant education, career, experiences, leadership skills and achievements:

What do you feel are presently the Chamber's strong points?

Will you have the time to devote to the Chamber Board; More than attending meetings and Chamber functions? YES

What do you feel the role of the Chamber should be?

In what areas do you feel the Chamber has room for improvement?

In what manner do you feel you can help strengthen the Chamber?

Is there any special item or issue you would like to see the Chamber address?

What talents do you bring to the Board?

In what area of the Chamber activities would you like to serve?

What do you feel are your strong points (organization, fundraising, speaking, etc.)?

Are you currently serving on any other Boards of Directors? Please list.

Is there anything else you would like to tell the Nominating Committee?

Signed:

PLEASE PRINT OR TYPE YOUR RESPONSE AND SEND TO:

Lake of the Ozarks West Chamber of Commerce  
Election Committee  
PO Box 340  
Sunrise Beach, MO 65079  
Or E-Mail  
director@lakewestchamber.com  
Subject: Election Committee