



Board of Directors Application Form

Please complete the form and answer the questions below. Feel free to attach additional information including references or a resume (not required) and expand this document as you see necessary. Thank you for your interest and support to the Johnson City Chamber of Commerce.

Deadline to submit (check one) Election: noon December 1st or upon request for vacancy appointment file
Term of Service: Two years beginning next January 1st, or the remainder of the vacancy (predecessor's term).

Chamber Mission: is to promote its membership and the business interests of Johnson City. This is done by enhancing, advancing and promoting the well-being of commerce, industry, agriculture, ranching, education, and artistic and civic interest, resulting in a continually improving quality of life.

Personal Contact Information _____

Name: _____ Phone: _____

Business Name: _____ Email: _____

Business Address: _____

Please check the education of skills you will contribute to the board:

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting or Financial | <input type="checkbox"/> Training | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events | <input type="checkbox"/> Info Technology |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Investment |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Program Development | <input type="checkbox"/> Nonprofit Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Time (to Volunteer) | <input type="checkbox"/> Other |

Why would you like to become a Johnson City Chamber of Commerce (Chamber) Board Member?

Do you currently serve on any committees for the Chamber or Community? Please list.

Besides the monthly meetings, how much time can you dedicate to the Chamber?

What are we doing right and what, if any, changes would you like to see for the Chamber?

I understand the Johnson City Chamber of Commerce Mission and Boardmember expectations and I certify that the information provided is accurate and reflect my views on chamber participation.

Name _____ Signature _____ Date _____