



# Lewistown Area Chamber of Commerce Board Member Application

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address (where you would like to be contacted for LACC business)

\_\_\_\_\_

Please answer the following questions and include the contact information above.

- 1) Please share your relevant experience and/or employment or attach a resume.
  
- 2) Why are you interested in being an LACC board member?
  
- 3) Are you or your organization currently LACC members?
  
- 4) What area(s) of expertise/or contribution to this organization do you feel you can make?
  
- 5) Do you feel you will be able to fulfill the following requirements:
  - a. Attend at least 9 of the 12 board meetings per year. If you are going to miss a meeting, inform the Chamber director ASAP so she can plan accordingly.
  - b. Volunteer and/or attend community Chamber events

**Please return to Jo McCauley at [lewchamb@midrivers.com](mailto:lewchamb@midrivers.com)**