



## BOARD OF DIRECTORS APPLICATION FOR CONSIDERATION

The purpose of this application form is to assist the current Board of Directors in selecting new Board members and to ensure that the applicant chosen has a genuine interest in the Carleton Place & District Chamber of Commerce and has sufficient time to devote to Board responsibilities.

Please complete the application and return it to the Chamber office.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Telephone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

\_\_\_\_\_

Description of your work or recent professional achievements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current and/or past community service activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current and/or past honours or leadership positions held on other boards or committees,  
professional or otherwise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Areas of expertise you bring to the board:

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting/CPA       | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Strategic Planning   | <input type="checkbox"/> Community Involvement  |
| <input type="checkbox"/> Human Resources      | <input type="checkbox"/> Promotional Techniques |
| <input type="checkbox"/> Banking/Controller   | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Fundraising          |   |
| <input type="checkbox"/> Marketing/Membership |   |

Briefly explain why you are interested in serving on the board:

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- I would like to be nominated for a position on the Board of Directors.
- I have not been asked to sit on the Board by an employer or to fulfill a specific agenda.
- I will be able to attend the Directors meetings.
- I am in a position of responsibility that allows me to make financial commitments.
- I would not like to be nominated to the Board but am available to sit on Chamber committees.
- If not selected this year, please keep me on file for consideration for the next three years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supporting Signatures: (each application requires the support of 2 Chamber Business Owners.

Supporter One:

Signature \_\_\_\_\_

Supporter Two:

Signature \_\_\_\_\_