



Name of Member Represented: Click or tap here to enter text.

Member in Good Standing? Choose an item.

Date of Application Click or tap to enter a date.

Personal Information:

Your name: Click or tap here to enter text.

Your home street address: Click or tap here to enter text.

City: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Personal Email: Click or tap here to enter text.

Employer Information:

Employer Name: Click or tap here to enter text.

Your Title: Click or tap here to enter text.

Work Address: Click or tap here to enter text.

Work Phone: Click or tap here to enter text.

Work Email: Click or tap here to enter text.

Type of Business or organization Click or tap here to enter text.

Primary Service Area: Click or tap here to enter text.

Preferred method of contact Choose an item.

Please list boards and committees that you serve on or have served on (business, civic, community, fraternal, political, professional, recreational, social).

Organization	Role/Title	Dates of Service

Education/Training Certificates:

How do you feel the Casper Area Chamber of Commerce would benefit from your involvement on the Board of Directors?

Skills, experience and interests (Please check all that apply).

- | | | |
|--|--|--|
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Personnel/Human Resources | <input type="checkbox"/> Non-profit Administration |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Policy Development | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Communications, Marketing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the Casper Area Chamber of Commerce:

Please tell us anything else you would like to share regarding your application to the Casper Area Chamber of Commerce Board of Directors.

Thank you for your time and consideration in applying!