

Application for Appointment to the Pauls Valley Chamber of Commerce Board of Directors

Name:	
Name of Business:	
Email Address:	
Cell Phone:	Business Phone:
How long have you been a	a member of the Pauls Valley Chamber?
Have you been a Board M	lember before?
Yes	
No	
Charitable or community a	activities in which you have been involved:
Could you attend monthly Tuesday of every month fr	board meetings? (These meetings are generally held the 3 rd rom 12 to 1p.m.)
Yes	
No	
How many hours per month the Chamber?	th, in addition to board meetings, would you be willing to serve

Description of your Business (Information may be used in press releases or other chamber-issued materials, so please be as descriptive and accurate as possible.)	
Why do you want to serve on the Pauls Valley Chamber of Commerce Board of Directors?	
How do you feel that you can contribute to the success of the Chamber?	
Brief Biography: (Briefly describe your background and your interests.)	
In 25 words or less, describe your interest in and understanding of the mission of this organization.	