

**FORSYTH AREA CHAMBER OF COMMERCE  
APPLICATION FOR BOARD OF DIRECTORS POSITION**

**APPLICATION MUST BE SUBMITTED TO THE FORSYTH AREA CHAMBER OF COMMERCE**

Mail: PO Box 777, Forsyth, MO 65653

Email: [forsythareachamber@gmail.com](mailto:forsythareachamber@gmail.com)

**APPLICANT INFORMATION**

FULLNAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS REPRESENTING (unless "individual") \_\_\_\_\_

LENGTH AT CURRENT BUSINESS: \_\_\_\_\_

**COMMUNITY RELATED ACTIVITIES/VOLUNTEER EXPERIENCE:**

Please include name(s) of organizations and length of service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER OR ARE YOU CURRENTLY SERVING ON A FACC COMMITTEE OR AS AN AMBASSADOR?**

\_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO SERVE ON THE FACC BOARD OF DIRECTORS?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ARE YOUR SKILLS/KNOWLEDGE/PASSIONS WILL YOU BRING TO THE BOARD?**

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**WOULD ANY CONFLICT OF INTEREST ARISE AS A RESULT OF YOUR APPOINTMENT?**

\_\_\_\_\_ YES or \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**THREE BUSINESS/LOCAL REFERENCES. ONE MUST BE A FACC MEMBER:**

1. NAME,Print: \_\_\_\_\_ Phone #: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

2. NAME,Print: \_\_\_\_\_ Phone #: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

3. NAME, Print: \_\_\_\_\_ Phone #: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

*As an applicant for the above-appointed position, I understand that this completed application and supporting documents may be made available for public inspection.*

**SIGN NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_