



Greater Mauston Area Chamber of Commerce Board Member Application

Date _____

Name _____

Employer _____ Work Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

Fax: (_____) _____ E-mail _____

Job Title/Position (Employer or Business must be a Chamber member to represent as a Board Member)

Please provide a brief description of your job responsibilities:

Please list any community organizations in which you are, or have been, actively involved.

1. _____ Dates _____

2. _____ Dates _____

3. _____ Dates _____

How long have you been a member of the Chamber of Commerce? _____

What are your reasons for wishing to participate as a Chamber Board Member?

What do you feel you can contribute to the Chamber, as a Board Member?

Please list two people that can serve as a reference for you:

1. _____

Daytime Phone# _____

2. _____

Daytime Phone# _____

(Please provide the name and signature of your supervisor to indicate support.)

X _____

Applicant's Signature:

Date:

Office Use Only: *Approved / Denied (circle one)*

X _____ Print Name _____