

I have read the board position and accept the terms.
Please consider my name as a possible nominee to be placed on the ballot for a term to begin January 1, 2020.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Business Phone _____ Home/Cell _____

Business Name _____

Position/Title _____ Business Type _____

Number of years with present employer _____

Educational Background _____

Family Information _____

Work History _____

HSVA Chamber member for how long & participated in what Chamber activities _____

Community/Civic Activities _____

Other Board Positions, Memberships, Achievements, etc. _____

What do you believe are the two most significant issues facing the Hot Springs Village area? _____

What talents can you contribute to the Chamber and its Board? _____

(Attach additional sheets as necessary)

Do you and your employer (if applicable) understand that committing to the Chamber board requires you spend approximately 40-60 hours annually attending board meetings, events, committee meetings, Partner Up meetings, etc.? _____

I understand that I and/or my employer must be a member of The Hot Springs Village Area Chamber of Commerce and there is a requirement of participation outlined in the bylaws.

Applicant Signature

Date

Employer Signature

Date

HOT SPRINGS VILLAGE AREA CHAMBER OF COMMERCE

121 CORDOBA CENTER DRIVE, SUITE 300 HOT SPRINGS VILLAGE, AR 71909 501-915-9940 office@hotspringsvillagechamber.com

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