



FRUITA AREA CHAMBER OF COMMERCE

Fruita Area Chamber of Commerce Board of Directors Application Form

1. Candidate Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Preferred Method of Contact: ____ Phone ____ Email

2. Current Position & Employer: _____

3. Please describe your relevant experience and/or employment. You may also attach a resume.

4. Please describe the area(s) of expertise/contribution you feel you can make to further the mission and vision of the FACC.

5. Please list prior experience serving as a Board member for other non-profit organizations.



FACC

6. What other volunteer commitments do you currently have?

7. The FACC Board of Directors meets on the second Wednesday of every month at 7:00 am. The meeting generally lasts about 2 hours. Do you have any standing commitments that create a scheduling conflict for you? ____ Yes ____ No

8. Why are you interested in serving as a Board Member for the FACC?

9. Please share any other information you feel important for consideration of your application to serve as an FACC Board member.

For Board Use

____ Nominee has had a personal meeting with either an Officer, Director, or other. Date: _____

____ Nominee Reviewed by the committee. Date: _____

____ Nominee proposed to the Board Date: _____

Board Action: ____ Elected ____ Rejected Date: _____

