Lombard Area Chamber of Commerce & Industry Board of Directors Application

Date: _____

Name: _____

Company Name: _____

Address: _____

Business Phone: _____ Cell: _____

Email: _____

Type of Business: _____

Why do you wish to serve on the LACCI Board of Directors?

_____

_____

What vision do you believe you can bring to the LACCI Board of Directors?

_____

_____

I am submitting my application to serve as a Director on behalf of the Lombard Area Chamber of Commerce and Industry. If I am chosen as a Director:

I will agree to participate in the Membership and Installation Lunch

I will agree to attend every effort to attend each regular Board meeting during the course of the year. I

will agree to treat all information and discussions as confidential.

I will agree to make every effort to attend all events that require the participation of a Chamber Director.

Beyond my specified duties, I agree to promote the Lombard Area Chamber of Commerce for the purpose of growing membership and community engagement.

Please read and sign this agreement, your application will be submitted to the Board of Directors for consideration.

Signature: _____

Date: _____