

POLSON CHAMBER OF COMMERCE
Board of Directors Application
Date: _____

Name: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Cell: _____

Home: _____

Work: _____

Email: _____

Are you currently a member of the Polson Chamber of Commerce? _____

What types of volunteer activities have you been involved with?

What interests or skills do you possess that would be a benefit to the Chamber Board of Directors?

Why do you want to serve as a Polson Chamber of Commerce Board Member?

