



EAST LAKE COUNTY CHAMBER OF COMMERCE

PROMOTING COMMERCE & COMMUNITY

APPLICATION FOR BOARD OF DIRECTORS

APPLICANT'S PERSONAL INFORMATION:

Complete Legal Name: _____

Home Street Address: _____

Home City, State, ZIP: _____

Home Phone #: _____ Cell Phone #: _____

APPLICANT'S COMPANY/BUSINESS INFORMATION:

Company/Business Name: _____

Position/Title at Company/Business: _____

Company/Business Street Address: _____

Company/Business City, State, ZIP: _____

Work Phone #: _____ Work Fax #: _____

Email Address: _____

Business Website: _____

Why do you wish to serve on the East Lake Co. Chamber of Commerce Board of Directors?



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In the space below, please describe all activities and/or committees that you have participated in with the East Lake Co. Chamber of Commerce during the last year:

In the space below, please list additional Organization memberships, awards, professional experience, special expertise, or other community involvements you have received and/or participate in:

In the space below, please list all other boards or committees that you currently serve on:



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By initialing below, I understand and acknowledge that each of the items listed below will be expected of me as a member of the Board of Directors of the East Lake County Chamber of Commerce.

☐ I agree to regularly attend monthly Board meetings currently held on the second (2nd) Thursday of each month at 10:00 AM, and I understand that only three (3) absences are permitted throughout the calendar year. In the event more than three (3) absences occur in the calendar year, my Board position will be vacated.

☐ I agree to serve on at least one (1) committee of the East Lake County Chamber of Commerce, in addition to my position as a Board Director.

☐ I agree to regularly attend various Chamber functions, including Monthly Luncheons, Monthly Mixer “After Hours”, Ribbon Cuttings and Leads/Networking Groups.

☐ I agree to serve as a liaison between the Board of Directors and the general membership of the East Lake County Chamber of Commerce.

☐ I agree to become familiar with and informed about the various programs, services and benefits of the East Lake County Chamber of Commerce, and I further agree to be an advocate of the East Lake County Chamber of Commerce.

By signing below, I hereby acknowledge that the information I have provided in this application is true and correct to the best of my knowledge and belief.

Signature

Date

Please submit completed application no later than 3:00 PM, Friday, September 29, 2023, to the Chamber Office in person, by email to Jeff@ELCChamber.com or by USPS mail to East Lake Co. Chamber of Commerce, P.O. Box #774, Sorrento, FL 32776.