

Board of Directors Candidate Application

Please return this application via e-mail to director@natomaschamber.org

Data			
Date		 	
Name			
First	MI	Last	Familiar name
Employer			
Name <u>SMUD</u>			
Your title			
Address			
Type of business or o	organization		
Primary service(s) an	d area/population	served	
Preferred method of	contact phone#:		
		s that you serve on, or ofessional,	or have served on (business, religious, social).
Organization	R	ole/Title	Dates of Service



Optional – Have you received any awards or honors that you'd like to mention?				
How do you feel Natomas Chamber wo	uld benefit from your involvement on the Board?			
Skills, experience and interests (Please	circle all that apply)			
☐ Finance, accounting	☐ Education, instruction			
☐ Personnel, human resources	\square Special events			
☐ Administration, management	☐ Grant writing			
☐ Nonprofit experience	☐ Fundraising			
☐ Community service	☐ Outreach, advocacy			
☐ Policy development	☐ Other			
☐ Program evaluation	☐ Other			
\square Public relations, communications	☐ Other			
Please list any groups, organizations or busi behalf of Natomas Chamber	nesses that you could serve as a liaison to on			
Please tell us anything else you'd like to sha	re.			

Thank you for applying