



Port Clinton Area Chamber of Commerce

Board Member Appointment Application

PERSONAL INFORMATION

Name:
Address:
City:
Preferred Phone Number:
Preferred Email Address:
Preferred Mailing Address:

EDUCATION

Type:	Name & Location of School or University	Year Graduated	Degree
High School:			
College:			
Other:			

COMMUNITY ORGANIZATION AFFILIATIONS

Organization	Position / Responsibilities	Year

EMPLOYMENT HISTORY

Employer	Position / Responsibilities	Dates

Please describe your reasons for wanting to serve as a Volunteer Board Member:

Signature of Applicant

Date