



22 S. 4<sup>th</sup> Ave Ste. #205 Brighton CO 80601

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Business / Employer: \_\_\_\_\_

Length of time in current business/employed: \_\_\_\_\_

Chamber member since: \_\_\_\_\_

What community/member sector do you represent (Check all that apply)

\_\_\_\_\_ Business owner/Employee      \_\_\_\_\_ Non-profit/ Education      \_\_\_\_\_ Retired / Other

1. What is your professional background and what professional value do you feel it brings to the chamber, board of directors, and membership as a whole? \_\_\_\_\_
2. What is your prior and current involvement and commitment level with the Brighton Chamber? \_\_\_\_\_
3. What is your prior and current involvement level with the Brighton community? \_\_\_\_\_
4. What if any, is your prior experience serving on a governing board of directors? \_\_\_\_\_
5. What, if any, is your prior leadership experience, volunteer or professional duties, projects etc.? \_\_\_\_\_
6. What other associations do you belong to? \_\_\_\_\_
7. What suggestions do you have for assisting the overall efforts of the Chamber? \_\_\_\_\_
8. What area/projects/campaigns/committees within the chamber are you most interested in helping with and how? \_\_\_\_\_
9. Are you able to make a 3-year commitment to serving on the Board? \_\_\_\_\_
10. What are your professional objectives during the proposed term of office? \_\_\_\_\_

Please return this completed form to:

Board Chairman

Brighton Chamber of Commerce

44 S. 44<sup>th</sup> Ste. #205

Brighton, Co 80601

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