



Buda Area Chamber of Commerce

Buda Area Chamber of Commerce
Mailing Address: PO Box 904
Physical Address: 203 Railroad St.,
Suite 1- C
Buda, TX 78610
(512) 295-9999 Fax: (512) 295-3569
info@budachamber.com

APPLICATION FOR APPOINTMENT TO CHAMBER OF COMMERCE BOARD OF DIRECTORS

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME STREET/MAILING ADDRESS: _____
(ZIP)

PREFERRED PHONE: _____ CELL PHONE: _____

OCCUPATION/POSITION: _____ BUSINESS CONTACT PHONE: _____
(IF RETIRED, PLEASE INDICATE FORMER OCCUPATION)

E-MAIL ADDRESS: _____ FAX NUMBER: _____

DO YOU CURRENTLY OWN A BUSINESS?

☐ YES ☐ NO

IF YOU ARE A PARTNER IN A BUSINESS, WHAT PERCENTAGE OF THE BUSINESS DO YOU OWN _____%?

IF YOU ANSWERED YES TO OWNING A BUSINESS, DOES AT LEAST 51% OF YOUR PERSONAL INCOME COME FROM SAID BUSINESS?

☐ YES ☐ NO

ARE YOU A MEMBER IN GOOD STANDING? IF UNSURE, PLEASE GET WITH THE CHAMBER ON DETAILS.

☐ YES ☐ NO

HAVE YOU FULLY READ AND UNDERSTAND THE COMMITMENT THAT IS NEEDED TO SERVE ON THE BOARD (PLEASE SEE BY-LAWS AND JOB DESCRIPTION FOR ROLE AND RESPONSIBILITIES)?

☐ YES ☐ NO

HAVE YOU EVER SERVED ON THE CHAMBER BOARD OR AMBASSADORS CLUB? ☐ YES ☐ NO

IF YES, PLEASE LIST DATE(S) OF SERVICE.

DESCRIBE ANY QUALIFICATIONS OR EXPERTISE THAT RELATE TO YOUR INTEREST IN SERVING ON A BOARD. PLEASE PROVIDE A RESUME ALONG WITH YOUR APPLICATION.

PLEASE LIST AND DESCRIBE YOUR PAST AND PRESENT INVOLVEMENT WITH ANY ORGANIZATIONS YOU ARE INVOLVED IN:

PLEASE DESCRIBE YOUR HOBBIES:

WHAT AREAS OF THE CHAMBER INTEREST YOU AND WHAT WOULD YOU LIKE TO CONCENTRATE IN?

WHAT STRENGTHS DO YOU BRING TO THE CHAMBER?

PLEASE PROVIDE THE NOMINATION COMMITTEE WITH ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT TO TAKE INTO CONSIDERATION.

SIGNATURE:_____ DATE:_____

BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES THAT HE/SHE HAS FULLY READ AND UNDERSTANDS THE COMMITMENT THAT IS NEEDED TO SERVE AS A CHAMBER BOARD OF DIRECTOR AND IS WILLING TO SIGN A CONFIDENTIALITY AGREEMENT, A CODE OF CONDUCT

AND ANY OTHER DOCUMENT DEEMED NECESSARY TO INSURE PROPER BOARD GOVERNANCE AND TRANSPARENCY (PLEASE REFER TO THE CHAMBER'S BY-LAWS AND JOB DESCRIPTION FOR BOARD OF DIRECTOR'S ROLE AND RESPONSIBILITIES. NON FULL DISCLOSURE, INCOMPLETE SUBMISSION OF AN APPLICATION, OR MISINFORMATION SHALL CONSTITUTE AN INCOMPLETE APPLICATION AND MAY WITHDRAW THE APPLICANT FROM FURTHER CONSIDERATION OR, IF ASCERTAINED AT A LATER TIME, REMOVAL FROM THE BOARD.

PLEASE SUBMIT ALL COMPLETED APPLICATIONS WITH ATTACHMENTS TO THE FOLLOWING:

By Mail: **BUDA AREA CHAMBER OF COMMERCE
P.O. BOX 904
BUDA, TX 78610**

HAND DELIVERY: **BUDA AREA CHAMBER OF COMMERCE
203 RAILROAD STREET, SUITE 1-C
BUDA, TX 78610**

SCANNED AND EMAILED: **INFO@BUDACHAMBER.COM**