

Chamber Connection Location Committee Application

Please fax application to: St. Cloud Area Chamber of Commerce, Attn: Ginny @ 251-0081 or return to the Greeters table. See back of this sheet for job description. This application will be kept on file for one year.

Name: _____

Company: _____

| | | |
|------------------|----------------|------------|
| Business Address | Business Phone | Fax Number |
| Email | | |

How long have you been attending Chamber Connection on a regular basis?

Do you have a permanent name badge: ____ Yes ____ No

When are your vacation commitments during the next year?

Why are you interested in serving on the Location Committee?

Do you have some ideas to contribute to the position?

What skills will you contribute to the position?

I have read the Chamber Connection Location Committee Job Description on the back of this sheet and understand the requirements of the position. I am available for a two-year term and can attend Location Committee meetings from 11:30 a.m. - 1 p.m. the first Tuesday of every month.

Signature: _____ Date: _____

Thank you for your interest in Chamber Connection!