



# Port Hope & District Chamber of Commerce

58 Queen St. Port Hope, ON L1A 3Z9 905-885-5519

## Board of Directors Candidate Application

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
First MI Last Familiar name

### Residence

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Employer

Name \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

Preferred method of contact ( ) Work ( ) Residence

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Education/Training/Certificates**

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**Optional** – Have you received any awards, honors or distinctions that you'd like to mention?

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How do you feel the Chamber of Commerce would benefit from your involvement on the Board?

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**Skills, experience and interests** (Please circle all that apply)

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|----------------------------------|------------------------|
| Finance, accounting              | Education, instruction |
| Personnel, human resources       | Special events         |
| Administration, management       | Grant writing          |
| Nonprofit experience             | Fundraising            |
| Community service                | Outreach, advocacy     |
| Policy development               | Other _____            |
| Program evaluation               | Other _____            |
| Public relations, communications | Other _____            |

Please tell us anything else you'd like to share.

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**Thank you very much for applying**