



CONTACT INFORMATION

Name: _____
Business: _____
Business Address: _____
Office Phone: _____
Cell Phone/Text: _____
Email Address: _____

BOARD AND COMMITTEES ON WHICH YOU SERVE/HAVE SERVED

BRIEFLY SUMMARIZE THE SKILLS/KNOWLEDGE/EXPERIENCE YOU BRING TO THE BOARD

SCOPE OF COMMITMENT FOR BOARD MEMBERS

Are you able to make a three year commitment and participate at least 75% of the time to:

Attend monthly meetings? _____

Participate in monthly after hour's events? _____

Are you currently a member of the SSF Chamber of Commerce? _____

Any other additional comments: _____

Print Name

Signature

Date