

**CANDIDATE RESUME FOR BOARD OF DIRECTORS
TRAVERSE CITY AREA CHAMBER OF COMMERCE**

I hereby submit a request for consideration for nomination to the Board of Directors to the Traverse City Area Chamber of Commerce.

Name _____

Firm _____ Position with Firm _____

I am currently a member in good standing of the Traverse City Area Chamber of Commerce.

Signature

Date

If nominated I will make a reasonable attempt to attend all monthly Board meetings, and special meetings called by the Chairman of the Board. I also agree to participate in Chamber of Commerce activities, and be willing to take a position on controversial issues.

List current memberships and offices held in other organizations. (Include civic, religious, professional, social, etc.)

List offices held previously in other organizations. (Include civic, religious, professional, social etc.)

Education background

**List current and previous involvement with the Traverse City Area Chamber of Commerce.
(Including leadership positions held, i.e. committee/task force, chair, subcommittee chair etc.)**

To be eligible for consideration for a three-year term beginning January 1, _____, this form must be returned to the Chamber by _____. The request will be kept on file for the next three years and reviewed whenever Board vacancies occur. Return this form to: President, Traverse City Area Chamber of Commerce, 202 E. Grandview Parkway, Traverse City, MI 49684 or fax to (231) 946-2565.