

Newton Area Chamber of Commerce
Board of Directors
Application for Nomination

Mission Statement:

**The mission of the Newton Area Chamber of Commerce
Is to lead, support and influence economic vitality.**

Purpose of Application: The purpose of the application for nomination form is to allow current or potential community leaders to nominate themselves or someone else for consideration for service on the Newton Area Chamber of Commerce board of directors.

Director Commitment: The typical monthly time commitment is 4-5 hours per month attending monthly meetings, community events and an annual board retreat.

Director Requirements: A candidate must be an employee of a business which has been a member of the Newton Chamber of Commerce or be an individual member in good standing for a minimum of one year prior to application.

Applicant's Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Cell phone: _____

E-mail address: _____

1. Please list your skills and/or education that you feel would contribute to the Board of Directors. (Optional: A resume can be attached, if available)

2. On what other Boards and Executive Committees have you served?

3. What Newton organizations or community activities have you been involved with and briefly describe your contribution to those organizations.

4. Why are you applying as a candidate to the Newton Chamber of Commerce Board of Directors?

5. List and briefly describe the major opportunities and/or challenges you see facing the Newton area business community?

6. If chosen as a candidate, would your employer sign off on your time commitment to the Chamber?

7. Are you able to communicate via e-mail on a regular basis during normal business hours?

The following questions will help the nominating committee select candidates from various types of businesses, professions and locations to create a balanced representation of the current chamber membership.

Do you live in Newton? _____

Do you work in Newton? _____

Do you own or manage your business? _____

If neither, what is your title or job description?

What type of business are you in (example: bank, insurance, retail, restaurant, etc.)?

Number of employees in your business? _____

Please check your areas of expertise:

____ Administration/management

____ Entrepreneurship

____ Financial management

____ Accounting

____ Banking & Trusts

____ Investments

____ Fund-raising

____ Government

____ Law

____ Technology

____ Human Resources

____ Marketing/Public relations

____ Other

Please mail to the Newton Chamber of Commerce, 500 N. Main Street, Ste. 100, Newton, KS 67114

Email to: Pam@thenewtonchamber.org Fax to: 316.283.8732 Attention: Pam Stevens

I hereby nominate the above-mentioned person for consideration for service on the Newton Area Chamber of Commerce Board of Directors.

Print: _____

Signed: _____