



COVINGTON CHAMBER OF COMMERCE
APPLICATION FOR BOARD OF DIRECTORS POSITION

APPLICATION MUST BE SUBMITTED TO THE COVINGTON CHAMBER OF COMMERCE
Mail: P.O. Box 8041, Covington, WA 98042 Phone: 253-329-0999
Please email a current photo and short biography to: info@covingtonchamber.org

APPLICATION INFORMATION

Name: (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip)

Length in current business: Work inside city limits Yes No

Email:

Telephone Number: ( ) ( )
Home Business

Business: Years of Experience:

Business Address:

Education:

Community Related Activities

Volunteer Experience

Table with 4 columns: Organization, Length of Service, Organization, Length of Service

Skills/Special Interest:

Experience Related to Position Applied for:

Why are you seeking this appointment?

Would any conflict of interest be created as a result of your appointment? Yes No

If yes, please explain:

References

Form for references with fields for Name, Address, Phone, Occupation, and Years known for two individuals.

How did you hear about this opening?

As an applicant for the above-appointed position, I understand that this completed application and supporting documents may be made available for public inspection.

Signature Date: