

Nominations Agreement Form

Consent to Serve

1. I understand that by completing this form in full and submitting it, I consent to have my name submitted to the Nominating Committee to be considered for office as a Director member of the Greater Marion Area Chamber of Commerce Board of Directors.

	NAME:			
	COMPANY:			
	ADDRESS:			
	TELEPHONE: EMAIL			
2.	Please provide the following information: Number of years as a member Number of years in business Areas of Specialty			
	What was your occupation prior to this profession/ trade?			
	Have you received disciplinary action related to your profession or job? Yes \Box No \Box			
If Yes, please explain including date and details. Use additional sheets if neces				
3.	Are you aware that as a Director you would not be just in a ceremonial position, but one with responsibilities and obligations to help guide the Chamber? Yes \Box No \Box			
4.	As an officer or director of the Board, you will be representing the organization. Will you support			

- positions taken by the Board of Directors, even if you opposed the positions when they were being considered and debated by the Board of Directors? Yes \Box No \Box
- 5. Please describe, in your own words, your perception of the role of the position for which you seek to be elected, and the reasons you feel you are *best* qualified to serve in this position.





6.	Are you willing to sign an annual conflict of interest statement? Yes \Box No \Box				
7.	Please list any boards (volunteer association and/or community service) you have served on and would like the Nominating Committee to be aware of.				
	Organization	Dates Served	Position		
8.	Community Service/Volunteer Involvement:				
Signature		Date			
Pri	nted name:				
	Please either fax (618.997.4665) or email (director@marionillinois.com) completed forms to Greater Marion				

Area Chamber of Commerce by October 31, 2014.

