

Nominations Agreement Form

Consent to Serve

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. I also understand that, if elected, I will also serve as a member of the Marion Chamber of Commerce's Foundation.

	NAME:						
	POSITION:						
	COMPANY:						
	ADDRESS:						
	TELEPHONE: EMAIL						
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 \square No \square						
	If Yes, please explain including date and details. Use additional sheets if necessary.						





•	are that as a Director yaties and obligations to	•	•	osition, but one with No □
positions to		rectors, even if you		zation. Will you support ons when they were being
	cribe, in your own word ed, and the reasons you		•	osition for which you seek this position.
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Are you wi	lling to sign an annual c	onflict of interest s	tatement? Yes □	No □
	any boards (volunteer the Nominating Comm		•	e) you have served on and
	Organization		Dates Served	Position





Commu	unity Service/Volunteer Involvement:			
-				
-				
-				
Signature		Date		
Printed	I name:	-		
	Please either fax (618.997.4665) or email (director@marionillinois.com) completed Greater Marion Area Chamber of Commerce by October 26, 2018.			
	Some of your comments and answers may be used in press releases or pr	omotional material for the Chamber.		