



O'Fallon Chamber of Commerce & Industries  
Board of Directors Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Industry: \_\_\_\_\_

Relevant experience and/or employment (attach a resume if relevant)

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Why are you interested in our organization?

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Area(s) of expertise/contribution you feel you can make:

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Other volunteer commitments:

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Please return this application and any other pertinent information by Friday,  
October 23<sup>th</sup>, 2020 to [KDuck@OFallonChamber.org](mailto:KDuck@OFallonChamber.org)