



Application for Coopersville Area Chamber of Commerce Board Membership

Thank you for your interest in serving on the Coopersville Area Chamber of Commerce Board of Directors. We want to offer you a rewarding opportunity and make the most of your special talents and expertise.

Name: _____

Business Affiliation/Title: _____

Mailing Address: _____

Business Phone: _____ **Alternate Phone:** _____

Email: _____

Please check the education or skills you will contribute to the board:

- Accounting/financial
- Public relations
- Marketing
- Special event planning
- Governmental Affairs
- Program development
- Strategic planning
- Management
- Investment
- Fundraising

- Community relations
- Education
- Training
- Public speaking
- Other _____

What is your experience as a member of other Boards of Directors?

Will you attend regular Board meetings? Yes No

How many hours a month can you serve the Coopersville Area Chamber of Commerce? _____

Will you attend a new Board member orientation? Yes No

Will you attend the annual Board retreat? Yes No

Will you commit to make an annual financial commitment by maintaining membership in good standing and occasional sponsorships as able, which will best benefit their business or area of interest or that of the Chamber? Yes No

Why do you want to become a member of the Coopersville Area Chamber of Commerce Board of Directors?

Please return this form to:

Coopersville Area Chamber of Commerce
289 Danforth Street
Coopersville MI 49404

Learn more about the Coopersville Area Chamber of Commerce at www.coopersville.com.