



## Committee Candidate Application

Date \_\_\_\_\_

*Place an X next to the committee of interest*

**Governmental Affairs** \_\_\_\_\_ **Education** \_\_\_\_\_ **Technology** \_\_\_\_\_

**Ambassador**  **Marketing** \_\_\_\_\_ **Business Programs** \_\_\_\_\_

**Inspire** \_\_\_\_\_ **Young Professionals** \_\_\_\_\_ **Membership** \_\_\_\_\_

**Name:** \_\_\_\_\_  
First MI Last nick name

### Employer

Company: \_\_\_\_\_

Your title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred method of contact: **For Mailings:** ( ) Work ( ) Residence

**Other:** ( ) Work Phone ( ) Cell Phone ( ) Work Email ( ) Personal Email

It is required by the bylaws of the Chamber of St. Matthews that all committee members be individual or company representative members of SMACC. Are you a current member of SMACC? Yes, since \_\_\_\_\_ No \_\_\_\_\_

Additionally, all committee members must be members in good standing. Are you or your company a current member of SMACC? Yes \_\_\_\_\_ No \_\_\_\_\_

How do you feel **SMACC** would benefit from your involvement on the committee selected?

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**Skills, experience and interests:** (Please circle all that apply)

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|----------------------------------|--------------------------------|
| Finance, Accounting              | Meetings & Conference Planning |
| Membership Development           | Technology                     |
| Administration, Management       | Government Affairs             |
| Marketing/Advertising/Promotions | Compliance                     |
| Policy Development               | Event Coordination/Planning    |
| Public Relations, Communications | Grant Writing/Fundraising      |
| Education, Instruction           | Other _____                    |

**Please list boards and committees that you serve on, or have served on?**  
(business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Optional** – Award, honors or special projects that you'd like to mention?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any business groups, organizations or businesses that you could serve as a liaison to on behalf of the **Chamber**.

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Please tell us anything else you'd like to share.

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*With your submission of this application you are acknowledging that you are willing to commit to a minimum of one meeting per month and give of your time and positive energy for the betterment of the Chamber of St. Matthews.*

**Thank you very much for applying.**