



Arvada  
Chamber of Commerce

Take your business to **New Heights**

## CALL FOR BOARD OF DIRECTORS NOMINATIONS

We are currently seeking nominations from Chamber Members wanting to join our Board of Directors. This is a great opportunity to work with other members of the community to strengthen the Arvada Chamber of Commerce. **Each elected member commits to serving a 3 year term on the board of directors.** If you are interested in serving as a board member for the Chamber please complete the nomination form and the Support of Candidate form and return it to the Chamber before August 16, 2019. Please note that any interested candidate must have one year of membership complete as of August 21, 2019. If you have any questions about the form, please call Kami Welch at 303-424-0313.

### Nomination Form

#### 2019 Board of Directors

(The information you provide on this form may be distributed to the full membership with the ballots)

**Please return completed nomination forms to the Chamber office by August 16, 2019**

Candidate Name: \_\_\_\_\_

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

Role In Your Company (Please Circle one):    OWNER    EXECUTIVE    MANAGER    OTHER: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Industry Sector: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please answer the following questions for the Board of Director Nomination:**

Number of years YOU have been in the Arvada Chamber?

What is your connection to Arvada?

Please explain current or previous executive leadership experience you have?

How would you describe your leadership style?

Past or current other board of directors involvement?

What other organizations are you active in?



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What programs, events, committees and activities would you like to be involved in as director?

What do you feel you can bring to the Chamber B.O.D. that will benefit the Chamber members and staff?

What is your vision for the Arvada Chamber of Commerce and/or the City of Arvada?



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## Support of the Candidate 2019 Board of Directors

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As a candidate for the Arvada Chamber of Commerce Board of Directors, it is required by the bylaws of our Chamber that you get signatures from 5 other Arvada Chamber Members that are in Good Standing with the Chamber that support your nomination. *Good Standing means that they are current on their dues with the Chamber.*

Please complete the information below with member signatures and return this with your nomination form.

Chamber Member Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Print Member Representative's Name: \_\_\_\_\_

\_\_\_\_\_  
*Chamber Member Signature*

\_\_\_\_\_  
*Date*

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Chamber Member Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Print Member Representative's Name: \_\_\_\_\_

\_\_\_\_\_  
*Chamber Member Signature*

\_\_\_\_\_  
*Date*

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Chamber Member Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Print Member Representative's Name: \_\_\_\_\_

\_\_\_\_\_  
*Chamber Member Signature*

\_\_\_\_\_  
*Date*

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Chamber Member Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Print Member Representative's Name: \_\_\_\_\_

\_\_\_\_\_  
*Chamber Member Signature*

\_\_\_\_\_  
*Date*

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Chamber Member Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Print Member Representative's Name: \_\_\_\_\_

\_\_\_\_\_  
*Chamber Member Signature*

\_\_\_\_\_  
*Date*