



Aurora Chamber of Commerce

6-14845 Yonge Street, Suite 321.
Aurora, Ontario L4G 6H8

(905) 727-7262
Fax (905) 841-6217
www.aurorachamber.on.ca

Application for Board Member

Thank you for your interest in becoming a board member with the Aurora Chamber of Commerce. In order to best match our human resources with the Chamber's needs, kindly complete this application outlining your skills and experience and return this to the Chamber Office.

Please note you must be an Aurora resident or have an Aurora based business to be a Director.

| | | |
|---|-----|-------|
| Name: | | Date: |
| Home Address | | |
| Phone | Fax | Email |
| Company Name & Address | | |
| Phone | Fax | Email |
| Summarize your experience with and/or area of interest in our organization. | | |

| Please indicate your experience in the following areas. | Very experienced | Some experience |
|--|------------------|-----------------|
| Strategic Planning | | |
| Fundraising | | |
| Board development | | |
| Recruiting, hiring and evaluating personnel | | |
| Financial management and control (budgeting, accounting) | | |
| Communication, public and media relations | | |
| Public Speaking | | |
| Organizational development | | |
| Information technology | | |
| Special events (planning and implementing) | | |
| Board governance | | |
| Marketing and Promotion | | |
| Networking | | |



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|-------------------------|--|--|
| Policy/Advocacy | | |
| Membership/Associations | | |

For the items you checked as “very experienced” or “some experience”, please provide details.

If not described above, please outline your experience as a volunteer board member:

Who may we contact for information about your performance in these positions?

If you have a résumé, please attach it.

Mail, fax, or email the completed application to:

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tel: 905-727-7262 fax: 905-841-6217
info@aurorachamber.on.ca

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH
THE AURORA CHAMBER OF COMMERCE!**