



OVIEDO | WINTER SPRINGS
REGIONAL CHAMBER

APPLICATION FOR BOARD OF DIRECTORS

Information Concerning Applicant

Full Legal Name: _____

Home Address: _____

Home City, State, Zip: _____

Home Phone Number: _____

Mobile Phone Number: _____

Where is Applicant's address located? (check one)

- _____ Oviedo City Limits
_____ Winter Springs City Limits
_____ Unincorporated Seminole County
_____ Other/Not Sure

Information Concerning Applicant's Company

Company Name: _____

Applicant's Position/Title: _____

Company Address: _____

Company City, State, Zip: _____

Office Phone Number: _____

Fax Number: _____

Where is Company's address located? (check one)

- _____ Oviedo City Limits
_____ Winter Springs City Limits
_____ Unincorporated Seminole County
_____ Other/Not Sure

Completed applications must be returned by 5:00 p.m. on Friday, September 30, 2022, to Kinsley Elfand, Nominating Committee Chairman, by email to kinsleyelfand@wilsoncompany.net.



OVIEDO | WINTER SPRINGS
REGIONAL CHAMBER

Preferred E-mail Address _____

Please note which of the following Oviedo-Winter Springs Regional Chamber of Commerce committees you have been *actively* involved with at any point during the last two (2) years (check as many as apply).

- | | |
|--|---------------------------------|
| _____ Ambassador/Membership | _____ Taste of Oviedo |
| _____ Economic Development/Gov't Affairs | _____ W.S. Festival of the Arts |
| _____ HOB NOB | _____ Ovations |
| _____ Golf Tournament | _____ Anywhere I am needed |

Please comment on your past and present participation with the Oviedo-Winter Springs Regional Chamber of Commerce.

OPTIONAL: Please comment on any other aspect of your background that you would like to bring to the attention of the Nominating Committee. Examples: education, training, certifications, awards, professional experience, special expertise, other community involvements, and other service activities. Applicant may elect to attach a current resume or other supporting materials to this application in lieu of completing the box below.



OVIEDO | WINTER SPRINGS
REGIONAL CHAMBER

By initialing below, I hereby acknowledge that each of the following will be expected of me as a member of the Board of Directors of the Oviedo-Winter Springs Regional Chamber of Commerce.

_____ I agree to regularly attend monthly Board meetings, held on the 3rd Thursday of each month at 5:00 p.m., and understand that only three absences are permitted throughout the year.

_____ I agree to serve on at least one committee of the Oviedo-Winter Springs Regional Chamber of Commerce in addition to the Board (see list on previous page).

_____ I agree to regularly attend chamber functions, including monthly luncheons and Business After Hours, and to serve as a liaison between the Board and the membership of the Oviedo-Winter Springs Regional Chamber of Commerce.

_____ I agree to attend a Board orientation session, to become familiar with and informed about the programs, services, and benefits of the Oviedo-Winter Springs Regional Chamber of Commerce, and to be an advocate for the Chamber.

By signing below, I hereby acknowledge that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that my time on the board is a 3-year term that can be renewed once after 3 years.

Signature

Date

STAFF/NOMINATING COMMITTEE USE ONLY		Yes	No
1a)	Were the Applicant and Applicant's Company members of the Chamber in good standing as of August 31, 2022, and remain so as of the date of this certification?		

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1b)	If answer to 1a is “No”, please explain:	X	X
2a)	Are Applicant and Applicant’s Company current on all financial obligations to the Chamber, including membership and/or trustee dues, sponsorship fees, luncheon fees, event fees, and all other charges?		
2b)	If answer to 2a is “No”, please explain:	X	X

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