



Sarnia Lambton Chamber of Commerce
Committee Member Application Form
CONFIDENTIAL

Date \_\_\_\_\_

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

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

Company Name: \_\_\_\_\_ Chamber Member: [ ] Yes [ ] No

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

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Choose one you feel best represents your business affiliation.

- [ ] Real Estate/Construction [ ] Business Financial
[ ] Manufacturing [ ] Communication/Utilities
[ ] Professional Services [ ] Retail
[ ] Distribution/Transportation [ ] Hospitality/Entertainment
[ ] Other (state) \_\_\_\_\_

Please detail any previous involvement with our Chamber or similar membership organization:

\_\_\_\_\_

Please detail your experience in the areas of: Leadership, Community involvement:

\_\_\_\_\_
\_\_\_\_\_

Please describe any other skills that you would be able to bring to the Committees of the Chamber.

\_\_\_\_\_
\_\_\_\_\_

What else would you like us to know about you?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please submit to:
Mr. Garry McDonald, President
Sarnia Lambton Chamber of Commerce
556 N. Christina Street
Sarnia, ON N7T 5W6

Committee: (please select one)
Government Affairs \_\_\_\_\_
Energy \_\_\_\_\_
Transportation \_\_\_\_\_
402 Greenbelt \_\_\_\_\_
Membership \_\_\_\_\_
Other: \_\_\_\_\_

Or fax this application form to: (519) 336-2085 FAX
Should you have any questions, please call
Garry McDonald, President, Sarnia Lambton Chamber of Commerce at (519) 336-2400.

Learn more about our committees at: www.sarnialambtonchamber.com/main/ns/38/doc/34