



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