

Board of Directors Candidate Application

Date	<u> </u>		
Name			
	(First, Middle, La	ast)	
Residence			
City	State	Zip	
Home Phone	Cell Pho	ne	
Preferred E-mail			
Employer Name			
Your title			
Address			
City	State	Zip	
Type of business or organizati	ion _		
Why are you interested in se			
What expertise/special skills	do you possess to help t	the DCCVB?	



Phone: 815-756-1336 | dekalbcountycvb.com

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, or social).

Organization	Role/Title	
Please tell us anything else yo	ou'd like to share.	

Thank you very much for applying

Please email or mail to:

DeKalb County Convention & Visitors Bureau Attn: Board Application

Email: cstrohacker@dekalbcountycvb.com