Marion Chamber of Commerce
Board of Directors - Nomination Form

Consent to Serve

I understand that by completing this form in full and submitting it, I consent to have my name submitted to the Nominating Committee to be considered for office as a member of the Greater Marion Area Chamber of Commerce Board of Directors. I also understand that, if elected, I will also serve as a member of the Marion Chamber of Commerce's Foundation.

NAME:_____

POSITION: _____

COMPANY:_____

ADDRESS:_____

TELEPHONE:_____ EMAIL_____

Please provide the following information:

Number of years as a member _____ Number of years in business _____

Areas of Specialty _____

What was your occupation prior to this profession / trade? _____

Have you reviewed board documents covering conflict of interest, confidentiality, ethics, gifts, document retention, and reporting - and will you be willing to sign them if elected to the board? Yes □ No □

These documents are available online at https://marionillinois.com/ourleadership/ or can be requested from the Chamber office at 618-997-6311. Review of these documents are required to get on the ballot per the 2024 Nominations Committee. Board members sign these documents at the start of each new term.

Have you received disciplinary action related to your profession or job? Yes □ No □

If Yes, please explain including date and details. Use additional sheets if necessary.

_____

_____

Would you submit to a background check or provide a completed background check for the current year? Yes □ No □

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As an officer or director of the Board, you will be representing the organization. Will you support positions taken by the Board of Directors, even if you opposed the positions when they were being considered and debated by the Board of Directors? Yes □ No □

Are you aware that as a Director you would not be just in a ceremonial position, but one with responsibilities and obligations to help guide the Chamber? Yes □ No □

If elected, at some point in your term you may be approached about Executive Committee service. Are there any concerns that might limit potential Chamber Leadership?

_____

_____

If not elected, you may function as an alternate to fill gaps in the board roster in the coming year. Alternates can be called upon from the finalized election to the beginning of the next election cycle. I consent to act as an alternate if needed. Yes □ No □

The Marion Chamber of Commerce Board of Directors is a working board and members are required to serve on at least two standing committees/ work groups. Please learn more about these groups here: https://www.marionillinois.com/committees Please indicate your interest:

GROUPS FOCUSED ON ADVOCACY AND MEMBER ENGAGEMENT

☐ Business Advocacy Task Force
☐ Ambassadors
☐ Member Impact Group

GROUPS FOCUSED ON SUSTAINABILITY AND GROWTH

☐ Annual Banquet and Awards
☐ Golf Scramble
☐ Sister City
☐ Finance ☐ Budget
☐ Remuneration
☐ Nominations

GROUPS FOCUSED ON TALENT AND EDUCATION

☐ APOGEE
☐ Bass Tournament
☐ Graduation Spree
☐ Scholarship

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Please describe, in your own words, your perception of the role of this elected position and the reasons you feel you are ***best*** qualified to serve in this position.

_____

_____

_____

Please list any boards (volunteer association and/or community service) you have served on and would like the Nominating Committee to be aware of.

Organization	Dates Served	Position

_____

_____

_____

Community Service/Volunteer Involvement:

_____

_____

Signature _____ Date _____

Printed name: _____

Please either fax (618.997.4665) or email (director@marionillinois.com) completed forms to Greater Marion Area Chamber of Commerce by October 16, 2026.

Some of your comments and answers may be used in press releases or promotional material for the Chamber.