



CHAMBER OF COMMERCE OF CAPE CORAL

Board Application for Board Member and Trustee for 2026

Name: _____ Business Name: _____

Title: _____ Business Address: _____

City: _____ Zip: _____ Phone: _____

E-mail: _____

Please Check One ___ Board Seat ___ Trustee Seat (*for first time applicants)

Why are you requesting a seat? _____

Do you understand that as a member of the board of directors, you are required to show support for your fellow chamber members through attending Ribbon Cuttings, Networking Events, Special Events and other chamber activities? ___Yes ___No

I understand that board and trustee positions are not titles in name only. The Chamber Board is a working board of directors/trustees and members are required to be active participants.

___Yes ___No

Do you understand the requirements of the Board? ___Yes ___No

Please, describe your business or occupation: _____

Please list your history of community involvement. _____

(Need more space please feel free to add another sheet listing you community involvement.)

What do you hope to gain as a member of the Board of Directors/Trustees?

How do you plan to contribute to the Chamber as a member of the Board of Directors?

Signature: _____ Date: _____

Please return to Donna Germain, President/CEO - *Deadline 7/15/2025*
Chamber of Commerce of Cape Coral, P.O. Box 100747, Cape Coral, Fl. 33910
Phone: (239) 549-6900 ext. 107 email: donna@capecoralchamber.com