

Santa Rosa

chamber of commerce

Name _____

Title _____

Company _____

Phone _____ Fax _____

E-mail _____ Website _____

Physical Address _____

City *State* *Zip*

Mailing Address _____

*if different
from above*

City *State* *Zip*

I am interested in becoming a member of the _____ committee.
(Committees include: Advocacy Council, Ambassadors, Membership and Communications,
Economic Vitality, Workforce Development and Special Events.)

I understand that serving on a Chamber committee is at the will of the Board of Directors. All
applications will be considered at the next Board Meeting.

In applying to this committee, I agree to support the Chamber's mission of creating a climate where
business can succeed.

Signature _____

make a
difference

Get involved with the
Santa Rosa Chamber of Commerce

Santa Rosa Chamber of Commerce
637 First Street, Santa Rosa, CA 95404
v. 707.545.1414 • f. 707.545.6914 • www.santarosachamber.com