



HUMBOLDT CANNABIS CHAMBER OF COMMERCE

PO BOX 4553 - ARCATA - CA - 95518

Board of Directors Application

Date _____

Name _____
First Last

Residence Address _____

Phone _____ E-mail _____

Employer/Business Name _____

Your title _____

Business Location _____

Business Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

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

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much time can you dedicate to the Cannabis Chamber per-month? _____

What resources can you bring to the chamber? _____

Why do you want to serve on the chamber board? _____

