



## Advocacy Committee Application

Thank you for your interest in becoming a member of the Greater Hernando County Chamber of Commerce's Advocacy Committee. The Chamber of Commerce strongly believes in assisting and supporting issues impacting not only our business members, but the County as a whole. Because of our relationships with every sector of the business community and within Hernando County Government, our name associated with a cause is something we take very seriously.

Per the Chamber bylaws, a committee member must be a full voting member of the Greater Hernando County Chamber of Commerce. The term runs for two (2) years starting June 1<sup>st</sup> of each year with the option for one additional term. If you are applying for an open seat during the middle of a term, you would complete that term with one additional option term. Applicants have to be recommended by a committee member with final approval of the Chamber's Executive Committee. Acceptance of nomination may take up to 30 days and a committee representative will call you with their decision.

Please complete the following information:

Date: \_\_\_\_\_ Recommended by: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Why do you want to serve on the Advocacy Committee? \_\_\_\_\_

\_\_\_\_\_

What do you think you could contribute? \_\_\_\_\_

\_\_\_\_\_

What other boards/committees are you active with? \_\_\_\_\_

\_\_\_\_\_

Return completed application to:  
Attn: Advocacy Committee Chair  
Greater Hernando County  
Chamber of Commerce  
15588 Aviation Loop Drive  
Brooksville, FL 34604  
P: 352.796.0697 / F: 352.796.3704  
C F '9a Uj' h\jg zcfa 'hc.  
-bZ:4 \YfbLbXcWUa VYf"Vta