



GCACC DIRECTOR APPLICATION

P.O. Box 491634 ☒ Lauderdale Lakes, Florida 33319

Ph: (954) 730-8885 • Fax: (954) 302-8389 • www.gcacc.com

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

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Website: <http://www> \_\_\_\_\_

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

Member of any other Boards: Yes \_\_\_ No\_\_\_ If yes, which Board/s \_\_\_\_\_

Will you make a commitment to attend a minimum of one Board meeting and one committee meeting per month?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Will you make a commitment to serve as chairperson for at least one committee? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated number of hours you will be able to donate as a volunteer each month. \_\_\_\_\_

Brief history of experience \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As GCACC Director What Special skills will you bring to the GCACC? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as the roll of the GCACC as it pertains to small businesses and consumers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

Please mail or fax the completed GCACC Director Application form to; Fax 954-302-8389, Mail PO Box 491634, Lauderdale Lakes, FL 33319. **Applications must be received by January 31, 2009 to be considered by the nominating committee.**

All names of all persons nominated by the nominating committee will be posted by February 5, 2009. The slate to be presented by the nominating committee at the annual general meeting does not prevent the nomination of persons from the floor. All persons elected to the Board of Directors must be financially current with dues.