



402 West Broadway, Suite 1000  
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[www.sdchamber.org](http://www.sdchamber.org)

# CANDIDATE APPLICATION FORM

## Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Total time at company: \_\_ yr(s) \_\_ mo(s)

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ LinkedIn URL: \_\_\_\_\_

Social Media Handle(s): \_\_\_\_\_

Are you a Chamber Member?  Yes  No

Reason for joining (mark all that apply):  Networking/events  Leadership Opportunities  Employer Suggestion  
 Education/Professional Development  Other: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Additional Comments (leadership roles, awards & recognitions)

## Terms of Application

*Submittal of an application does not guarantee acceptance into the Board or Council. Applications will be reviewed by designated members of the Board and San Diego Regional Chamber of Commerce staff. Preference will be given to employees of current Chamber members in good standing.*

Application for:  General Leadership Council

## Payment (required with application)

<input type="checkbox"/> Employee of member business: \$100 <input type="checkbox"/> Employee of non-member business: \$150 <input type="checkbox"/> Student / government / non-profit: \$75  <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	Card #: _____ Name on Card: _____ Exp. Date: _____ CVV Code _____ Billing Address: _____
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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SEND APPLICATION TO [SBENVENUTO@SDCHAMBER.ORG](mailto:SBENVENUTO@SDCHAMBER.ORG) OR MAIL TO: STEFANIE BENVENUTO, SAN DIEGO REGIONAL CHAMBER OF COMMERCE, 402 W. BROADWAY, STE.1000, SAN DIEGO CA 92101