



CHALDEAN
AMERICAN
CHAMBER OF
COMMERCE

BOARD OF DIRECTORS

Nomination Form

NAME

BUSINESS

BUSINESS STREET ADDRESS / MAILING ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE

FAX

E-MAIL

WEBSITE

1. **Include a brief biography about yourself:** (100 WORDS OR LESS, ATTACH A SEPARATE SHEET IF NECESSARY)

2. **Why are you seeking nomination for the Chaldean American Chamber of Commerce Board of Directors?** (100 WORDS OR LESS, ATTACH A SEPARATE SHEET IF NECESSARY)
