



Name: _____

**HUTCHINSON AREA CHAMBER OF COMMERCE AND TOURISM
SUPPLEMENTAL APPLICATION FORM
CHAMBER PRESIDENT POSITION - 2024**

We welcome you as an applicant for the position of **President** with the Hutchinson Area Chamber of Commerce & Tourism. To better evaluate the qualifications and experience of each applicant, we are requiring that you complete this Supplemental Application Form. If you do not complete it, your application may not be considered.

For your application to be considered, you are required to complete the supplemental application form in its entirety, and please print plainly/legibly.

1. **In your own words**, please explain your experience in fiscal management of a non-profit organization or provide related work experience that speaks to a proficiency in business acumen. _____

2. Please explain your background and experience in coordinating and implementing community events: _____

3. Briefly describe your management style. _____

4. Please provide any relevant experience in public speaking and community/business engagement. _____

If you require additional space, please use the space below or attach an additional sheet to this form.