



**Clive Chamber
of Commerce**

EMERITUS MEMBERSHIP APPLICATION

*To be submitted to the Clive Chamber of
Commerce Board of Directors for review and
approval.*

APPLICANT INFORMATION

Full Name:

Mailing Address:

Phone Number:

Email Address:

Date of Retirement:

CHAMBER INVOLVEMENT

Name of Business or Organization Formerly Represented:

Years of Active Involvement with the Clive Chamber (approximate):

Please describe your involvement and contributions to the Clive Chamber of Commerce: *Include roles served, committees participated in, events supported, or leadership positions held.*

Why would you like to be considered for Emeritus Membership?

NOMINATOR (If applicable)

Optional: May be submitted by a third party on behalf of a retiree.

Nominator Name:

Relationship to Applicant:

Phone/Email:

SIGNATURE AND SUBMISSION

Applicant Signature:

Date: