



Young professional development and networking

Sterling Heights Regional Chamber #YoPros Steering Committee Nomination Form

Name: _____ Title: _____

Company Affiliation: _____ How Long: _____

Can you regularly attend Steering Committee meetings? (First Tuesday of the Month) _____

Business Address: _____

Business Phone: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

What other nonprofit boards/committees have you served on? _____

Other organization and community affiliations: _____

Describe what you see as #YoPros role and purpose: _____

Why do you think you would be an asset to #YoPros and its Steering Committee? _____

Do you know of any potential conflicts of interest that would affect your ability to serve on the Steering Committee? If so, please describe: _____

I attest that the above information is factual and accurate and that if elected to the #YoPros Steering Committee, I will comply with its guidelines and policies.

Signature _____ Date _____