

**2016 CHAMBER COMMITTEE INTEREST FORM**

**Committee Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Member/Business:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

1. If selected, how do you feel you could contribute to the success of the Chamber?

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2. To what extent are you able to give time, energy and resources to support the mission of the Abbotsford Chamber of Commerce?

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3. Are you comfortable soliciting feedback and opinions from members and/or other community stakeholders? If yes, describe any experience(s) in doing so:

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4. What do you believe are the two most significant issues or problems facing the Abbotsford area?

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