## SIMI VALLEY CHAMBER TOURISM ALLIANCE

## **Board Member Appointment Acceptance Form**

I, the undersigned representative of the following organization or business, hereby accept my appointment to serve as a board member of the Simi Valley Chamber Tourism Alliance effective as of \_\_\_\_\_\_. I understand that my acceptance must be submitted at least forty-eight (48) hours before a scheduled meeting or at the first meeting of the fiscal year, and that I am ineligible to vote until this acceptance is submitted.

I hereby affirm that:

- I have read and understand the bylaws and responsibilities associated with this board position.
- I am committed to fulfilling my duties and responsibilities as a board member.
- I will act in the best interest of the Simi Valley Chamber Tourism Alliance and uphold its mission and values.

Name: \_\_\_\_\_\_ Representative Organization/Business: \_\_\_\_\_

Position in Organization/Business:

Signature of Appointee:

## For Official Use Only

Date Received by SVCTA: \_\_\_\_\_

Received by (Name and Title): \_\_\_\_\_

Signature of SVCTA Official: \_\_\_\_\_