



BENTONVILLE ADVERTISING & PROMOTION COMMISSION

COMMISSIONER APPLICATION

NAME: _____ DATE: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____
(if different)

EMAIL ADDRESS: _____

PHONE NUMBERS: _____
(home) (work) (cell)

What are your qualifications for serving on this commission? Please attach a resume.

Why would you like to be considered for a position on the Bentonville Advertising & Promotion Commission?

I meet all requirements for serving on this commission.

Signature

Please return the completed form by October 30, 2025

Email: Julie@visitbentonville.com

Mail: **Bentonville A&P Commission 406 SE 5th St Suite 6 Bentonville, AR 72712**