



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 November 25, 2015

Email: johnna@visitbentonville.com

Mail: **Bentonville A&P Commission 104 East Central Avenue Bentonville, AR 72712**