



NAME: _____ DATE: _____

RESIDENCE ADDRESS: _____ LENGTH OF RESIDENCY: _____

MAILING ADDRESS (if different): _____

EMAIL ADDRESS: _____

PHONE NUMBERS: (H) _____ (W) _____ (C) _____

Workplace: _____ Position/Title: _____

REFERENCES:

NAME: _____ NAME: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

What are your qualifications for serving on this commission? Include education and expertise in the tourism industry.

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

I meet all requirements for serving on this commission.

Signature: _____ Date: _____

Send completed application to Julie Drager, Director of Operations

Email: julie@visitbentonville.com

Mail: Bentonville A&P Commission – Attention: Julie Drager

479-271-9153

406 SE 5th Street, Ste 6, Bentonville, AR 72712

visitbentonville.com