



BOARD OF MANAGEMENT NOMINATION FORM

I

of
(Business Name)

accept nomination for a position on the Board of Management of Business Wangaratta.

Signed: Date:

Nominator:
(Name) *(Signature)* Date:

Seconded:
(Name) *(Signature)* Date:

Note: Nominator, Seconder & Nominee must be current financial members of the Wangaratta Chamber of Commerce Inc. trading as Business Wangaratta at the time of nomination.

Positions available for nomination include: [please select which position(s) you are interested in]

- Chairperson
- 1st Vice-Chairperson
- 2nd Vice-Chairperson
- Secretary/Public Officer
- Treasurer
- Board Members (x 5)
- Sub-Committee Role
Does not need a Nominator or Seconder

Nominations close at 6.30pm, Wednesday 22nd July, 2009. In the event of insufficient nominations to fill available positions, nominations will be accepted from the floor at the meeting.

Contact Details:

BUSINESS ADDRESS:

POSTAL ADDRESS:

HOME ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE:

E-MAIL:

WEB SITE:

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Mail this Nomination Form to:

The Nominating Committee, Business Wangaratta, P.O. Box 680, Wangaratta, 3676
or

Hand Deliver to:

Reception, Wang Central, 1st Floor, 82b Ovens Street, Wangaratta