

NOMINATION FORM

ELECTION TO GUYRA AND DISTRICT CHAMBER OF COMMERCE INC

Name of Nominee: _____
Position: _____
Address: _____

Tel No: _____
Email: _____

NOMINATED BY:

NAME OF NOMINATOR: _____

SIGNATURE OF NOMINATOR: _____

DATED: _____

SECONDED BY:

NAME OF SECONDER: _____

SIGNATURE OF SECONDER: _____

DATED: _____

I confirm I have gained the nominee's consent for their name and details to go forward.

Signed: _____

Date: _____

Please return to: chamber@guyra.org.au by 23 August 2020