



NOMINATION FORM

ELECTION TO GUYRA & DISTRICT CHAMBER OF COMMERCE INC BOARD

Name of Nominee:

Position Nominated For:

Telephone No:

Email:

By nominating the above person, I confirm that I have gained the nominee's consent to being nominated for a position on the Board.

Nominated By:

Signature of nominator:

Date:

Seconded By:

Signature of Seconder:

Date:

Please return the completed form to: chamber@guyra.org.au

by 30 August 2022