

Nomination Form for 2019/20 Executive Committee

Voting will take place at the AGM Wednesday, 11th September at Flaxton Gardens

I, (PROPOSER*):		
of (Business):		
Proposer's Signature (Please print this form once completed to provide an original signature)		_ Date://
nominate (Candidate*):		
of (Business):		
For the position of (please select one of	the following):	
☐ PRESIDENT	☐ VICE PRESIDENT	☐ TREASURER
□ сомміт	TEE MEMBER	
of the Montville Chamber of Commerce	2.	
I, (SECONDER*):		
Of (Business):		
Seconder's Sianature		Date://
Seconder's Signature (Please print this form once completed to provide	e an original signature)	, ,
second the above nomination.		
I, (CANDIDATE*):		
Accept the above nomination.		
Candidate's Signature:		Date://
(Please print this form once completed to provid	e an original signature)	
Please forward completed form to:	Montville Chamber of Comme	erce
PO Box 253 Montville Qld 4560		
	F: info@montvillecommerce of	rom au

Nominations must be received by Wednesday August 28 COB.

- *Note all parties signing must be financial members of the Montville Chamber of Commerce.
- ** Note- due to our insurance policy, nominees must be 74 years or younger as of September 11 2019.
- *** Note- the Executive Committee members must agree in writing to abide by our Code of Conduct.
- ****Note the role of Secretary is taken by the Administration Officer which is a contract position, selected by the Executive Committee.