

2024/25 Nomination Form Board of Directors

**Committee requirement are to attend quarterly general meetings and
quarterly attendance at the Executive meetings**

I Name _____ am a financial member of the Cabramatta Chamber of Commerce

Signature of Nominee _____

Business Name _____

Business Title _____

Work address _____

Email address _____

Work phone _____ Home phone _____

Education _____

Previous experience (if any) with (**name or org**)

Please circle any of following skills or experience that the Nominee possesses.

Finance, accounting

Grant writing

Fundraising and special events

Public relations, communications

Other _____

management, administration

Non-profit experience

Governance

Contacts, networking

Other _____

Affiliations or organizations the candidate belongs to (e.g. Membership, professional, civic).

Nominating for: Director ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐

Proposer Name _____ Signature _____ Date _____

Seconder Name _____ Signature _____ Date _____

Please lodge your completed Nomination Form with the secretary by email. Nominations close 17:00 Thursday 14 November 2024

email:
info@cabramattachamberofcommerce.com.au