



BOARD OF DIRECTORS NOMINATIONS FORM

Board of Directors Nomination Form

Nominated by: _____ Phone: _____

Please provide the following information to be considered for Board Nomination.

Name: _____

Company: _____

Mailing Address: _____

City: _____ Province: _____ Postal: _____

Work: _____ Cell: _____ Home: _____

Email: _____

Job Title: _____

Why do you feel **you or this person** will make a great board member of the Brockville and District Chamber of Commerce? And what skills would you or they bring to the Chamber of Commerce?
