

Chilliwack Chamber of Commerce 201- 46093 Yale Road Chilliwack, BC V2P 2L8 604-793-4323 fax: 604-793-4303 www.chilliwackchamber.com

## **RE: Nomination Form 2016 Board of Directors**

Please return completed Nomination Form attached, with signatures to the Chilliwack Chamber of Commerce (CCOC) office by 5pm on January 17, 2015 in person or via fax or email as per the attached letter.

Nominees must be CCOC members in good standing or representatives of CCOC members in good standing.

Endorsed by three CCOC members in good standing:

\*\*Copies of the Constitution and By-Laws are available at the CCOC office or online at www.chilliwackchamber.com

## **Chilliwack Chamber of Commerce 2016 Board Nomination Form**

Your Name		
Your Business		
Signatures		
1)	2)	3)
Nominee Information		
Name		
Business Name		
Title/Occupation		
Mailing Address		
Business Phone	Alterati	tive Phone (home or mobile):
email		
maximum of 250 words a to what degree you meet your Statement of Interes nomination committee w	nd include a description the established criteria. It and bio and other docu here it will be forwarded	io if available. The Statement of Interest should be a n of why you are interested in becoming a Director, and a. Bios should also be 250 words or less. Please email cuments to info@chilliwackchamber.com addressed to the head of the Nominations Committee for the stand for the position of Director is indicated by the
I have read and fully unde agree to allow my name t	•	lining the duties and responsibilities of a director and I
Signature of Nominee:		