

2024 NOMINATION FORM
KALAMUNDA CHAMBER OF COMMERCE INC
COMMITTEE MEMBER NOMINATION

I wish to nominate for election to the Committee:

NAME _____

ENTERPRISE _____

ADDRESS _____

EMAIL _____

PHONE _____

For the position of _____
(Chairperson, Deputy Chairperson, Secretary, Treasurer, Ordinary Committee Member)

Signed by Nominee _____

The Chamber Rules state that nominations to the Committee must be supported by a statement from another member of the Chamber:

I support the nomination of _____

for the position of _____

NAME _____

BUSINESS _____

Signed by Supporter _____

PLEASE PRINT CLEARLY AND RETURN FORM TO:

Kalamunda Chamber of Commerce Inc , 50 Railway Rd KALAMUNDA WA 6926

Or Email to: manager@kalamundachamber.com

By no later than: 1700 hours on Wednesday 13 November 2024

NB. Proposer and Nominee must be financial members of Kalamunda Chamber of Commerce Inc.