

## **Chamber Board Nomination Form**

Please complete and return by **5pm Thursday 30 October 2025** to admin@whitsundaycoastchamber.com.au

Nominations will be accepted up to and at the AGM if sufficient nominations have not been received.

I wish to nominate:		of		
	Full name		Company name	
Nominee's mobile:			Email:	
	for election	n to	the position of	
$\subset$	President	) Sec	cretary O Treasurer O Board member	
	O I am available to s	erve	on Board Sub-committees	
	ninate the nominee for multiple position quent positions on the Board you have n		hey are not elected to the preferred position, the nominee will be ated them for.	
Proposed by:			Seconded by:	
Full name:			Full name:	
Company:			Company:	
Email:			Email:	
Signature:			Signature:	
Date:			Date:	
○ I hereby agree that by signing this form, I am a current financial member with voting rights of the Whitsundays Chamber of Commerce and Industry, and I accept and agree to be bound by the terms and conditions as laid out in the Constitution of the Whitsundays Chamber of Commerce and Industry.			○ I hereby agree that by signing this form, I am a current financial member with voting rights of the Whitsundays Chamber of Commerce and Industry, and I accept and agree to be bound by the terms and conditions as laid out in the Constitution of the Whitsundays Chamber of Commerce and Industry.	
Acceptance of non	ination:			
			embers of incorporated associations, such as the Chamber ther companies under the Corporations Act 2001 (Cth).	
Full Name	 Signature			