

Nomination form

Return by 5pm Wednesday 7 August (Nominations will be accepted up to and at the AGM if sufficient nominations have not been received)

I wish to nominate: Matt St	okes	of Plants Whitsunday	
	(Full name)	(Company name)	
Nominee's mobile: 0400 50	0 137	Email:m	att@plantswhitsunday.com.au
for election to the position of			
○ President ○ Vice President ○ Secretary ○ Treasurer ○ Committee member			
○ I am available to be on Main Street Sub-committee			
Please note that you may nominate the allow the nominee to be considered for			ey are not elected to the preferred position, it will ou have nominated.
Please state here if you have a special	interest in representing the Airli	e Main Street	
Proposed by:		Seconded by:	
Full name: Allan Milostic		Full name:	Mark Beale
Company: LiveLife Pharmacy Airlie Beach		Company:	Ray White Whitsunday
Email: allanmilostic@bigpond.com		Email:	mark.beale@raywhite.com
Signature:		Signature:	07/08/2019
⊗ I hereby agree that by signing this form, I am a current member of the Whitsunday Coast Chamber of Commerce and I accept and agree to be bound by the terms and conditions as laid out in the Constitution of the Whitsunday Coast Chamber of Commerce.		∅ I hereby agree that by signing this form, I am a current member of the Whitsunday Coast Chamber of Commerce and I accept and agree to be bound by the terms and conditions as laid out in the Constitution of the Whitsunday Coast Chamber of Commerce.	
Acceptance of nomination:			07/00/2040
(Full Name)	Isian	ature)	07/08/2019 (Date)

All nominators will be emailed a receipt of nomination, please ensure that you provide your email address.

All nominations must be in writing. Return via email to admin@whitsundaycoastchamber.com.au
Nomination forms should be lodged by COB 14 days prior to AGM