

**BOARD DIRECTOR
NOMINATION FORM****NOMINEE**

- I have read and fully understand the preceding pages of the nomination package outlining my responsibilities and obligations as a Director of the Medicine Hat & District Chamber of Commerce and confirm that I have reviewed the by-laws of the Chamber of Commerce.
- I am a member in good standing of the Medicine Hat & District Chamber of Commerce and have been a member for at least two years.
- I have attached a one-page summary of my background, professional experience and my community involvement (candidate profile sheet-see next page).

I, _____ [Print Nominee Name] am prepared to let my name be considered by the Board Leadership Development Committee for the 2023 Medicine Hat & District Chamber of Commerce Director Election, for a term of 1 year, and will commit to carry out my responsibilities should I be nominated and elected.

Nominee's signature

One nominator, of whom must be a member in good standing of the Medicine Hat & District Chamber of Commerce, has signed below in support of my nomination.

Please print nominator's name

X

Nominator's signature

Please print nominator's company name

Describe why you feel this candidate would be a valuable contribution to the Board:

Any Member who is not an individual shall designate an individual as that Member's primary representative to exercise the rights and privileges of the Member in the Chamber. Such designation may be changed by the Member from time to time.

I, _____ [Print Authorized Company Representative Name] am the authorized representative/owner/decision making authority for the company and authorize the above representative to allow his/her name to stand as a representative of the company on the Medicine Hat & District Chamber of Commerce Board of Directors, if elected.

X

Company Authorization Signature

Please print Company Name