

**Nomination Form for Directors**

Please complete the following form and submit to the Virden Community Chamber of Commerce Manager prior to April 15<sup>th</sup>.



[www.virdenchamber.ca](http://www.virdenchamber.ca)

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name (you own or work for): \_\_\_\_\_

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What can you offer the Chamber? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please send to PO Box 899, Virden MB R0M 2C0 or [virdencc@mymts.net](mailto:virdencc@mymts.net)