BOARD MEMBER – NOMINATION FORM

The MHACCCA board of Directors is comprised of 12 Board Members.

Currently there is 1 vacancy on the board. We are seeking nominations for individuals to fill these positions in the following regions:
• Gaetz Brook
• Musquodoboit Harbour
• Jeddore
• Lake Charlotte
• West Ship Harbour

Directors may serve a total of two, two-year terms on the Board of Directors, at which time they must retire. Retiring directors shall be eligible for re-election, and may present their candidature for re-election after an absence of one year. This does not apply to directors who are elected as officers for successive two year terms

Position Requirements for Nominees:
• Any member of the Chamber of legal voting age and in good standing shall be eligible to be elected a director of the Chamber and a director of the Chamber shall be a member.
• Time commitment: Minimum 10 hours / month including a monthly Board meetings (Includes Board preparation, meeting time and committee time)
• In-person attendance at the MHACCCA events.
• Provide on-going support by taking on various tasks and functions as required.
• Willingness to serve on at least one committee and actively participate

Guidelines for Completion of Nomination Form:
• Nominations from the membership must include both signatures of nominator and the nominee.
• Self-nominations are welcome and should include the signature of the individual plus one signature of a supporter/seconder who is a current member in good standing of the MHACCCA.

Please complete the Nomination Form and send it directly to:

Musquodoboit Harbour and Area Chamber of Commerce and Civic Affairs
ATTN: Nominating Committee
P.O. Box 213
Musquodoboit Harbour, N.S. B0J 2L0

or mhchamberandcivic@gmail.com

* Nomination deadlines are as posted on our website
* www.musquodoboitharbourchamber.com
Name of the Nominee: ____________________________________________
Title: ________________________________________________________
Organization: _________________________________________________
Address: ______________________________________________________
Phone: ________________________________________________________
Fax: __________________________________________________________
Email: _________________________________________________________
Signature of Nominee: ___________________ Date: ________________
Signature of Nominator: ___________________ Date: ________________

Please answer the following questions (may go on a separate page):

What will this nominee bring to the board of the MHACCCA? (Area of expertise, skills, interests, values, accomplishments etc.)
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Please include a short biography of the nominee (and include resume/curriculum vitae if available)
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