



**BOARD OF DIRECTORS
NOMINATION FORM**
3 YEAR TERM: 2011- 2013

***All nominations shall be made by someone other than the nominee. Both the nominee and individual making nominations must be members in good standing.**

NOMINEE _____ **DATE** _____

BUSINESS NAME _____

***NOMINATED by** _____
Your name Business name

Why are you nominating this individual to serve on the Oregon City Chamber of Commerce Board of Directors? Please provide specific qualities and/or attributes that you believe qualifies this nominee to serve.

DUE: Wednesday, September 1 Oregon City Chamber of Commerce
1201 Washington Street, Oregon City OR 97045

FAX 503-656-2274 or chamberinfo@oregoncity.org