



Welland Downtown Business Improvement Area
195 East Main Street, Unit 4C
Welland ON L3B 3W7

Board of Management – Director Nomination Form

Representing members of the Welland Downtown Business Improvement Area (BIA)

Nominee Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____ E mail: _____

The above nominee is being nominated by the following three (3) members of the Welland Downtown Business Improvement Area.

1) Nominator name: _____ Signature: _____ Date: _____

Business Name: _____ Address: _____

2) Nominator name: _____ Signature: _____ Date: _____

Business Name: _____ Address: _____

3) Nominator name: _____ Signature: _____ Date: _____

Business Name: _____ Address: _____

To ratify the nomination, the nominee and nominators must complete an *Obligation of Notice & Eligibility Form*. Four (4) copies of this form are attached and once completed must be attached to this Nomination Form.

Nominee Signature

Date

For Association Office Use Only

Nominee Package received on _____ Complete: Yes/No Association ED signature _____