



Wallsend Town Business Improvement Association Incorporated

Nomination for Office Holder 2021

I, (full name) being a member of the
Business Improvement Association for the(precinct) nominate

.....
(Name of Nominee) for

the office of

.....
(President/Vice President/Secretary/Treasurer/General Committee)

I,
being a member of the Business Improvement Association (area) second the
above nomination.

Dated:/...../20.....

Signature of Proposer:

Signature of Seconder:

Signature of Nominee:

Terms and Conditions:

By signing this form, if I(name) am appointed
as the abovementioned member of the (BIA name) committee, I will act:

- in a trustworthy manner,
- in good faith,
- with the best interest of the BIA and its members at all times, and
- with care and diligence reflected in all my actions in the abovementioned
role throughout my allocated time in this role, as best as reasonably
practicable.

I am aware that I am expected to disclose any conflicts of interest as soon
they arise.