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## Statement of Nomination

 *As per the Fort McMurray Chamber of Commerce Bylaws, notice is hereby given to the membership of the opportunity to nominate for vacant board positions. Nominations must be in writing with both the Nominator’s and Nominee’s signature to be valid. Any current Chamber member in good**standing is eligible to**nominate or**be nominated.*

***IMPORTANT: The nomination is not considered complete unless all three(3) pages are completed and signed with a bio and headshot included of the nominee.***

##  Statement of Nominee

|  |  |
| --- | --- |
| Nominee Name: |  |
| Position or Title: |  |
| Company: |  |
| Address: |  | City: |  |
| Province |  | Postal Code: |  |
| Phone: |  | Fax: |  |
| Email: |  |
| Nominated For: |  ⃝ Director (2-year term) |
| Skills Matrix Self-AssessmentPlease rate your skills and abilities in the following categories from one (1) to five(5), with one(1) being your strongest skill attribute, and five(5) being your weakest.

|  |
| --- |
| **Skills Matrix Self-Assessment** |
| 1. Board Governance
 |   |
| 1. Industry
 |   |
| 1. Government Relations
 |   |
| 1. Accounting and Finance
 |   |
| 1. Technology/E-commerce
 |   |
| 1. Procurement/Supply Chain
 |  |
| 1. Land Development/Leasing/Construction/Real Estate
 |  |
| 1. Fundraising
 |  |

Please let us know which sector you represent:

|  |
| --- |
| **Skills Matrix Sector Assessment** |
|   |

Please mark an X next to the nominee’s age range:

|  |
| --- |
|  |
| * 18-35
 | * 36-55
 | * 56-70
 | * Over 70
 | * I would prefer not to say.
 |

The Chamber strives to ensure that the Board of Directors has an appropriate mix of skills and abilities while also being reflective of the diversity in our region. To that end, responses to the questions above will be provided to the membership in advance of the Annual General Meeting to assist with candidate assessment prior to voting. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****I accept the nomination and confirm that our firm is a member in good standing of the Fort McMurray Chamber of Commerce.** |

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|  Nominee Signature Date |

## Statement of Nominator

|  |  |
| --- | --- |
| Name: |  |
| Position or Title: |  |
| Company: |  |
| Address: |  | City: |  |
| Province: |  | Postal Code: |  |
| Work Phone: |  | Fax: |  |
| Email: |  |

**Nomination form must include the following to be considered complete & valid:**

□ 500-word biography for nominee included

□ Recent photo or headshot of nominee

|  |
| --- |
|  Nominator Signature Date |
| **By signing this nomination form you are confirming that your firm is a member in good standing.** |