2016 NCWSBA Wool Broker Award

EMPLOYER (NCWSBA MEMBER) NOMINATION FORM

NAME: _____

POSITION _____

COMPANY _____

ADDRESS _____

TOWN _____ POSTCODE _____

PHONE _____ MOBILE _____

EMAIL _____

I WISH TO NOMINATE _____(CANDIDATE'S NAME)

BRIEF SUMMARY OF REASONS FOR SUPPORT OF THE CANDIDATE:

I understand that if my nominated candidate is short-listed, they will be required to attend the 2016 NCWSBA Annual General Meeting.

SIGNATURE: _____

DATE: _____