



Board Member Nomination Form

Name _____
Home address _____

Home phone number _____
E-mail address _____
Work phone number _____

Previous experience (if any) with (name or org)

Please circle any of the following skills or experience.

Finance, accounting	Management, administration
Grant writing	Nonprofit experience
Creative Industries	Teaching experience, curriculum development
Legal, paralegal	Fundraising and special events
Contacts, networking	Public relations, communications
Publishing	Other _____

Affiliations or organisations you belong to (e.g., membership, professional, civic).

Please return to:
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Or scan and send by email to: manager@clunesbooktown.com.au