



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

Non-profit 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:

Creative Clunes Inc

PO Box 287 Clunes 3370

Or scan and send by email to: admin@clunesbooktown.com.au