

NOMINATION FORM

YOUR DETAILS

Business Name

Contact Name

E-mail

Date of Nomination

NOMINATED BUSINESS

Business Name

Contact Name

E-mail

Telephone Mobile

Address

Please tick which best describes the nominated business

- Retail Professional Industry/Manufacturing
- Sales Trade Financial Institution/ Advisor
- Building/Construction Employment & Training Hospitality/Tourism
- Other

MEMBER
get
MEMBER

RETURN TO
Shoalhaven Business Chamber
admin@shoalhavenbusiness.com.au
Suite 2, 81 North Street, Nowra
Fax 4421 5152

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