



BOARD NOMINATION FORM

Ski Club of Victoria
 28 Summit Road / PO Box 62
 Mt Buller VIC 3723

t: 03 5777 6024
 e: reservations@skivictoria.com.au
 w: www.skivictoria.com.au

Please complete this form and return via email to manager@skivictoria.com.au

Contact Details

Full Name:		Birth Date:	
Email:		Mobile:	
Street Address:			
Suburb:		Post Code:	
Occupation:			
Current Employer:			

Relevant Experience

Please tick any of the following skills, experience or background you have:

<input type="checkbox"/>	Snowsports or other sports administration	<input type="checkbox"/>	Membership management
<input type="checkbox"/>	Hospitality, food & beverage, accommodation	<input type="checkbox"/>	Marketing or communications
<input type="checkbox"/>	Finance or accounting	<input type="checkbox"/>	Business management or administration
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Property, architecture, development or construction
<input type="checkbox"/>	Contacts in alpine industry, government or Mt Buller	<input type="checkbox"/>	Other: (specify)

Please specify any affiliations you have or organisations you belong to: (e.g. memberships, professional, civic)

What is your vision for the SCV and how would you contribute to the board:

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Statement by Nominee

I consent to being nominated as a director of the Ski Club of Victoria. I confirm that I am not bankrupt and have not been disqualified from managing a corporation.

Signed:		Date:	
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Nominated by

Full Name:		Date:	
Member Type:		Member No:	
Email:		Mobile:	

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Full Name:		Date:	
Member Type:		Member No:	
Email:		Mobile:	