



LITCHFIELD WOMEN IN BUSINESS NETWORK COMMITTEE MEMBER

COMMITTEE NOMINATION FORM

Agreement to be nominated

I, _____ of
(full name)

(address)

_____ *(contact number)*

agree to be nominated as a member of the Litchfield Women in Business Network Committee.

What experience or interest do you have that is relevant to this committee?

Dated this _____ day of _____ 2018.

Signature: _____

Completed form to be sent to debbie.branson@litchfield.nt.gov.au For enquiries please call 08 8983 0612.



LITCHFIELD WOMEN IN BUSINESS NETWORK COMMITTEE MEMBER

Council Confirmation of Nomination

I, Kaylene Conrick, Chief Executive Officer hereby confirm that

was approved by resolution of Council to be nominated as a member of the **LITCHFIELD WOMEN IN BUSINESS NETWORK COMMITTEE** at a meeting held on / /2018.

Signature: _____

Dated this day of 2018.