



Community Business Development Corporation  
Corporation au bénéfice du développement communautaire  
**Victoria Madawaska-South/Sud**

## **NOMINATION FORM**

\* Please print and fill out this nomination form and send it to the address provided.

\* If you have any questions, please contact the CBDC Victoria Madawaska-South at (506) 473-6446.

### **Information on the candidate**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Information on the business**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Company Website: \_\_\_\_\_

**The business has been in operation for at least two (2) years**

☐

Yes

☐

No

Date the operations started: \_\_\_\_\_

## Organizational Structure

☐ Incorporated      ☐ Registered      ☐ Cooperative

Please provide us with a brief summary has to why you are nominating this individual.

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