

2020 BOARD DIRECTOR ELECTION OFFICIAL NOMINATION FORM

Section 1: Please tick only 1

I AM NOMINATING FOR ONE OF THE THREE VACANCIES AS AN ACTIVE MEMBER: \Box I AM NOMINATING FOR THE ONE VACANCY AS AN ALLIED MEMBER: \Box						
Section 2: Please complete all details						
NAME	NAME of NOMINEE:					
POSITIO	POSITION:					
NAME	of VENUE / COMPANY:					
ADDRE	SS:					
STATE:	POST CODE: TELEPHONE: ()					
EMAIL:						
VMA Jo	pining Date: (A minimum of 2 years required)					
The VM	ied Skill Sets 1A Board have indentfed specific skills sets they believe would support the current VMA Board 2 Association. Please tick if you have executive level experience in any of the following areas:					
	Sponsorship & Fundraising					
	Legal					
	IT, Digital & Technology					
Section	3: Please complete either Active OR Allied Eligibility Criteria					
Eligibility Criteria - ACTIVE No person shall be elected to the Board unless at the time of nomination that person is a financial Active member of the Company (VMA) for a minimum period of two (2) years and further meets two (2) of the following six (6) eligibility criteria.						
ANSWER THESE QUESTIONS ONLY IF YOU'RE AN ACTIVE FINANCIAL MEMBER						
1. Com	pleted the PVMS/VMS:					
☐ Yes	☐ No Year of Graduation:					
2. Serve	ed on any VMA or IAVM Committee in any capacity:					
□ Yes □ No						
Provide	e details:					



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3. Attended at least 2 VMA/IAVM conferences in the immediate past 5 years:							
□ 2019	□ 2018	□ 2017	□ 2016	□ 2015			
4. Attended any VMA or IAVM training, professional development, educational or other seminar:							
☐ Yes	□ No						
5. I have been a venue manager in a senior position for a minimum of 4 years.							
☐ Yes ☐ No 6. I am or have been a CEO, MD or GM of a major venue for the past 2 years.							
☐ Yes	□ No						
Eligibility Criteria - ALLIED No person shall be elected to the Board unless at the time of nomination that person is a financial Allied member of the Company (VMA) for a minimum period of two (2) years and further meets the following eligibility criteria.							
ANSWER THIS QUESTION ONLY IF YOU'RE AN ALLIED FINANCIAL MEMBER							
1. I have been expears.	engaged in provi	iding goods or se	ervices to the ve	enue industry for a minimum of three			
□ Yes	□ No						
Section 4: Please complete all							
I hereby state that I am a financial Allied or Active member of the VMA and meet the eligibility criteria for nomination and the details submitted are true and correct.							
\square I have read and agree to the 2020 Board Director Election Terms & Conditions.							
SIGNATURE OF NOMINEE: DATE:							

Section 5: Please submit

PHOTO & BIO

Nominees are asked to provide a (jpeg) photo of themselves and up to 500 words addressing any previous involvement with VMA/IAVM and/or VMS and a statement of what you feel you can contribute to the VMA through service on the Board. This information will be distributed to members along with the ballot forms. Please send your photo and statement to michael@vma.org.au.

PHOTO SPECIFICATIONS:

- 1. NOT SMALLER THAN 200 X 300 PIXELS
- 2. NOT LARGER THAN 300 X 500 PIXELS
- 3. HEAD AND SHOULDERS, NOT FULL LENGTH



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Section 6: Please complete all details

PROPOSER & SECONDER

NAME of NOMINEE:			
PROPOSER:			
NAME:			
		TELEPHONE: ()	
EMAIL:			
a financial Active o	r Allied member of the mber of the VMA and ha	n for election to the Board of the VMA and further state that the is been so for a minimum period	e nominee is currently a
SIGNATURE OF PRO	POSER:		DATE:
SECONDER:			
NAME:			
STATE:	POST CODE:	TELEPHONE: ()	
EMAIL:			
a financial Active o	r Allied member of the mber of the VMA and ha	n for election to the Board of the VMA and further state that the as been so for a minimum period	e nominee is currently a
SIGNATURE OF SEC	ONDER:		DATE:

The closing date for nominations is Thursday, 9th April 2020 – 5:00 pm AEST.

Submit to the VMA office via
Post - PO Box 2015, Beenleigh, QLD, Australia 4207 or
Email – michael@vma.org.au