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# Nomination for Directorship Form

Alliance of Beverage Licensees (ABLE BC) 2018-2019 Board of Directors

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| Nominee |
|  |
| Name: |  |
| Pub/LRS/Hotel: |  |
| Position: |  |
| City: |  |
| Home Phone: |  | Work Phone: |
| E-Mail Address: |  |

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| Nominators |
| There must be a minimum of five (5) nominators, who are active ABLE BC members in your region who support your nomination. |
| 1. | Name: |
| Establishment: |
| Address: |
| Signature:  |
| 2. | Name: |
| Establishment: |
| Address: |
| Signature:  |
| 3. | Name: |
| Establishment: |
| Address: |
| Signature:  |
| 4. | Name: |
| Establishment: |
| Address: |
| Signature:  |
| 5. | Name: |
| Establishment: |
| Address: |
| Signature:  |
| Bio  |
| Briefly describe your involvement in the industry and desire to participate on ABLE BC’s board. *If necessary, please attach a separate page.* |
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| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Director of ABLE BC, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to act as a Director of the Alliance of Beverage Licensees (ABLE BC).  |
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| Signature:  | Date: |

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| Qualifications for Board Participation |
| * A sincere desire to develop our industry and membership in your respective region through ABLE BC’s industry voice
* Always considers policy that is best for industry as a whole
* Involvement with a team that promotes the responsible service of alcohol and professionalism within our industry
* Must be an owner, partner, or general manager of either a Liquor Primary or Licensee Retail Store in good standing with ABLE BC
* Must be available to attend 4-6 meetings a year and occasional conference calls with a minimum commitment to serve a two year term
* Available to hold local meetings with members and non-members to report progress on initiatives and to grow membership
* Available to carry out other duties from time to time as established for regional directors at a general meeting of the members.

Thank you for completing this application form and for your interest in serving on the ABLE BC Board of Directors. |

***All Nomination forms must be received at the ABLE BC office no later than 5 pm***

***Friday, September 21, 2018 (Fax to: 604-688-8560 or Email to:*** ***jeff@ablebc.ca******)***