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NAME:					
COMPANY:_					
ADDRESS:					
STATUS:	Owner [	<b>]</b> Ter	Tenant		
TERM:	1 year 🔳	2	year [		
Tell us abou	ut yourse	lf <u>:</u>			
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			Ц	1	
			$\perp$		
					$//\lambda$
INTERESTS					
City/Gove	// _	Finance		☐ Strateg	ic Planning
■ Events/Pr	romotions $\Box$	<b>1</b> Cleanline	ess [	Crime P	revention
Street Pl	anning $\square$	<b>]</b> Mərhetii	ng [	<b>D</b> Guardiar	n Liaison
Other					

To be considered for nomination, this form must be received by noon on <a href="Friday">Friday</a>, <a href="September 2">September 2</a>, <a href="2016">2016</a> at the BIA office.

Return by mail to #300 - 3665 Kingsway, Vancouver, B.C.V5R 5W2 (or) by Fax to 604-435-8181 or email info@shopcollingwood.ca