

APPLICATION FORM

WEYMOUTH BID BOARD MEMBER



Name:	BID Business Name and address
Any Previous names:	E Mail:
Tel: Mob:	Correspondence Address: Post Code:
Business Sector:	

Why you wish to stand:

Have you completed the skills audit form as part of this nomination YES/NO

I confirm that I wish to apply to join Weymouth BID Management Board. I also acknowledge that if accepted I will complete all the relevant forms including a register of interest.

Signed:

Date:

BID Admin: Date Application Received: Checked and confirmed as correct:

Your membership of the Board will be as a co-opted director until such time as your appointment is approved by the ordinary members of Weymouth BID at the AGM.