Committee of Council Nomination Form



1.	Complete your contact details:	
Title:		
First No	ame:	Surname:
Street	Address:	
Postal	Address:	
Suburk	o/Town:	Postcode:
Phone	Number:	
Email:		
2.	Which Committee do you wish to n	ominate for:
3.	Have you previously been a member Committee of Council?	per of this Committee or another
4.	Tell us why you would like to join th good candidate?	is Committee and what makes you a
 Are you a member of any other community or cultural organisation? E.g. Progress Association, Historical Society. If so please list your membership status. 		
CE	RTIFICATE	
l th	e undersigned, certify that:	
	 I have read & understood the T Committee. 	erms of Reference for the
		on form are true & correct to the best of
	I give Council permission to veri	fy statements made in this form.
Sig	nature:	Date: