

LOCAL AUTHORITY MEMBER NOMINATION FORM

COMMUNITY NAME: _____

I, _____
(Full name)

Of _____
(Residential address)

Hereby consent to be nominated as an ordinary member of the _____
Community.

I declare that I am eligible to be nominated as a member of the above mentioned Committee as I am:

- 18 years or older
- A resident of the above Barkly Region

Signature of Nominee

Date

NOMINATORS

We, the undersigned, residents of the Barkly Region, aged 18 years and above hereby nominate
_____ to the _____ Local Authority.

<i>Nominator 1</i>	<i>Nominator 2</i>
Name:	Name:
Address:	Address:
Signature:	Signature:

FURTHER INFORMATION ABOUT THE NOMINEE

1. How long have you lived in the Local Authority Area you are applying under?

_____ (months/years)

2. Please tell us more about yourself, particularly about how you are involved in the community.

3. Please fill in you contact details below:

Email : _____

Mobile: _____

Note: Please return the completed form to governance@barkly.nt.gov.au