

Expression of InterestTo participate in a Committee of Council

l:			
	(Insert your name)		
of:			
	(insert your address including suburb and postcode)		
Wish	to participate in the following Comm	nittee(s) of Cour	ncil:
☐ Audit and Risk Committee		☐ Heritage Advisory Committee	
— 64		☐ Environme	ntal Advisory Committee
	ner:		
The re	ason for my interest is:		
Mata	Annilian da manual d		
	Applicants may attach a separate page if r	necessary	
My relevant experience / qualifications is:			
	Applicants may attach further supporting of	locuments at their	discretion.
CONT	ACT DETAILS		
Postal	Address: (if different from above)		
Phone	(H): (M):		(W):
Email:			
I unde	rstand that in completing and signing t	this form that it w	rill be considered by Council through the
	of the CEO.		
Signat	ure:		Date:
OFFIC	E USE ONLY		
Approv	val Date:		☐ Membership approved by Council
RMS F	Ref No:	No: Resolution No.:	
Date s	ent:	By whom:	