

Expression of InterestTo participate in a Committee of Council

1:				
	(Insert your	name)		
of:				
	(insert your a	rt your address including suburb and postcode)		
Wish to participate in the following Committee(s) of Council:				
☐ Audit and Risk Committee ☐ Environmental Advisory Committee				
Other:				
The reason for my interest is:				
Note: Applicants may attach a separate page if necessary				
My relevant experience / qualifications is:				
Note: Applicants may attach further supporting documents at their discretion.				
CONTACT DETAILS				
Postal	Address:	(if different from above)		
Phone	(H)·			(W):
Email:	` '	(IVI).		(vv)
I understand that in completing and signing this form that it will be considered by Council through the				
Office of the CEO.				
Signat	ure: _			Date:
OFFICE USE ONLY				
Approv	val Date:			☐ Membership approved by Council
RMS F	Ref No:			Resolution No.:
Date s	ent:		By whom:	