

WEST ARNHEM REGIONAL COUNCIL

MINJILANG WARD CASUAL VACANCY NOMINATION FORM

Ι. (Name of Nominee)

DATE: / / 2024

would like to nominate to represent MINJILANG on the West Arnhem Regional Council.

CANDIDATE DETAILS

ADDRESS:

MOBILE:

EMAIL:

I have provided <u>one</u> of the following (please tick):

□ Written submission (use form below)

□ 3 minute video submission

Outlining why I want to nominate.

Please email submissions to governance@westarnhem.nt.gov.au or send to your local Council Services Manager.



🕿 PO Box 721, Jabiru NT 0886 🛛 🛛 💿 info@westarnhem.nt.gov.au 🖙 www.westarnhem.nt.gov.au



Jabiru (Head Office) 08 8979 9444

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O8 8970 3700 O8 8979 6600 O8 8970 3600 O8 8970 3500



Written submission

Please explain in the box below:

- 1. why you want to be a member of the West Arnhem Regional Council
- 2. what qualities can you contribute to the West Arnhem Regional Council

Please email this completed Nomination Form to <u>Governance@westarnhem.nt.gov.au</u> or hand to your local council staff.