



## WEST ARNHAM REGIONAL COUNCIL

# LOCAL AUTHORITY NOMINATION FORM

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name of Nominee) (Community name)

Would like to nominate to be a member of the Local Authority.

Upon my nominating, I understand that it will be the West Arnhem Regional Council that will decide if I become a member of the Local Authority.

### NOMINEE DETAILS

ADDRESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Nominee)

DATE:     /     /  
(Date of signature)

Please return this form to the Council Services Manager at your community Council Office or email it to [governance@westarnhem.nt.gov.au](mailto:governance@westarnhem.nt.gov.au)

For further information, please contact the Council Services Manager or call 08 8979 9469.

