



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 info@westarnhem.nt.gov.au

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

