



APPLICATION FOR COMMITTEE MEMBERSHIP

Surname _____

Christian Name _____

Title _____

Residential Address _____

Postal Address _____

Home Tel No. _____

Work Tel No. _____

Mobile No. _____

Email Address _____

**Name of Committee
for which you are
making application** _____

**Experience and
Qualifications** _____

**Involvement in Other
Committees or
Organisations** _____

**Reason for applying
for representation on
this committee** _____

Signed

Date

Please return completed Application Form to
The General Manager
Griffith City Council
PO Box 485
GRIFFITH NSW 2680