



APPLICATION FOR WORKING GROUP MEMBERSHIP

Surname	<hr/>
Christian Name	<hr/>
Title	<hr/>
Residential Address	<hr/>
Postal Address	<hr/>
Home Tel No.	<hr/>
Work Tel No.	<hr/>
Mobile No.	<hr/>
Email Address	<hr/>
Name of Working Group for which you are making application	<hr/>
Experience and Qualifications	<hr/> <hr/> <hr/>
Involvement in Other Committees or Organisations	<hr/> <hr/> <hr/>
Reason for applying for representation on this working group	<hr/> <hr/> <hr/>

Signed

Date

Please return completed Application Form to (unless advised otherwise):

The General Manager
Griffith City Council
PO Box 485
GRIFFITH NSW 2680