



## APPLICATION FOR WORKING GROUP MEMBERSHIP

**Surname** \_\_\_\_\_

**Christian Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Residential Address** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Home Tel No.** \_\_\_\_\_

**Work Tel No.** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name of Working Group for which you are making application** \_\_\_\_\_

**Experience and Qualifications** \_\_\_\_\_

**Involvement in Other Committees or Organisations** \_\_\_\_\_

**Reason for applying for representation on this working group** \_\_\_\_\_

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

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

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