



## 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 \_\_\_\_\_

Community Representative

Stakeholder Representative

Representing \_\_\_\_\_

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