

TOWN OF CLAREMONT COMMITTEE NOMINATION FORM



Personal Details:

Committee Name:	
Full Name:	
Address:	
Phone:	
Email:	

Skills and Experience:

Skills, Experience and/or Qualifications:	
Please detail why you are interested in becoming a Committee Member:	
Please provide any additional information you consider relevant:	

I, _____, understand that as a Committee Member I will be bound by the Town of Claremont's Code of Conduct for Council Members, Committee Members and Candidates (available to view on the Town website).

Signed

Date

Please return the completed form by **Friday, 6 October 2023** by email (governance@claremont.wa.gov.au), Post to PO Box 54, Claremont WA 6910 or in person to 308 Stirling Highway, Claremont WA 6010

Should you require assistance please contact the Manager, Governance and Records at governance@claremont.wa.gov.au or on 08 9285 4300.