

LOCAL AUTHORITY MEMBER NOMINATION FORM

Local Authority Area: _____

I, _____
(Full name)

Of _____
(Residential address)

Hereby consent to nominates as an ordinary member of the _____
Local Authority.

I declare that I am eligible to be nominated as a member of the above mentioned Local Authority as I am:

- 18 years or older
- A resident of the above Local Authority

Signature of Nominee

Date

NOMINATORS

We, the undersigned, residents of the abovementioned local authority and aged 18 years and above hereby nominate _____ to the _____ Local Authority.

<i>Nominator 1</i>	<i>Nominator 2</i>
Name:	Name:
Address:	Address:
Signature:	Signature:

