

BARKLY REGIONAL COUNCIL



NOMINATION – To the Community Co-ordinator / CEO

_____ LOCAL AUTHORITY AREA

1. NOMINATORS TO COMPLETE (Please PRINT)

We, the residents named below, are aged 18 years or over and are resident in the
_____ Local Authority area.

We hereby nominate:

First name: _____ Family name: _____

as an ordinary member of the _____ Local Authority.

NOMINATORS

This nomination MUST be signed by two (2) persons aged 18 years or over and resident in the
_____ Local Authority Area.

Name (Please PRINT) and Signature		Address (Please PRINT)
1.	NAME	
	Signature	
2.	NAME	
	Signature	

BARKLY REGIONAL COUNCIL



2. NOMINEE CONSENT AND DECLARATION (Please PRINT)

_____ LOCAL AUTHORITY AREA

I, First name _____ Family name _____

of _____

(Residential Address)

hereby consent to be nominated as an ordinary member of _____
Local Authority.

I declare that I am eligible to be nominated as a member of _____

Local Authority because I am aged 18 years or over and I am resident in the
_____ Local Authority Area.

Signature of Nominee

Date