APPLICATION FORM

Evandale Advisory Committee

(Term until 31 December 2023)



Name & Address of Applicant:					
Email Address:					
Telephone No's:					
Home:	Mobile:		Business:		
Are you a current member of thi	s Committee?	Y	'es	☐ No	
If so, for how long and in what ca	apacity:				
Do you or have you served on ot	her Committees, Groups, I		ncil's Con ′es	nmittees)?	
If so, provide details (such as: Co	mmittee, when, what capa	acity, etc):			
Outline other experience and int	erests:				
Please attach any other relevant Please ensure you have complete Should insufficient information b	ed all sections of this form.			or deem the application inval	d.
Signature of Applicant:			Date:		
Application to be submitted to the	ne General Manager,				

PO Box 156, LONGFORD TAS 7301 Or council@nmc.tas.gov.au