APPLICATION FORM



Longford Local District Committee (Term until June 2023)

Name & Address of	t Applicant:					
						•••••
Email Address:						
Telephone No's:	Home:		Mobil	e:		
•	Duringan					
	Du3111C33	•••••			_	_
Are you a current r	nember of this C	ommittee?	Y	es		No
If so, for how long	and in what capa	acity:				
Do you or have you	ı served on othe	r Committees. Grou	ups. Boards (incl. C	ouncil's	Committees)?
			· —	es] No
If so, provide detai	ls (such as: Comr	nittee, when, what	capacity, etc):			
						•••••
Outline other expe	rience and intere	ests:				
·						
Please attach any o	-	• •		on.		
Should insufficient application invalid.	information be p			informat	tion or deem	the
Signature of Applic	ant:			Date:		

Application to be submitted to the General Manager, PO Box 156, LONGFORD TAS 7301 or council@nmc.tas.gov.au