



**NOMINATION FORM FOR LGEMA MEMBERSHIP**

**Name [Print]** .....

**Mayor, President or Councillor at [ City/Town/Shire name]** .....

**[insert dates]** .....

**Former Mayor, President or Councillor at ( City/Town/Shire name]** .....

**[insert dates]**.....

**I have read and will uphold the Rules of the Association, noting:**

- A. *The name of the Association is: LOCAL GOVERNMENT ELECTED MEMBERS' ASSOCIATION (WA) Inc.*
- B. *THE PURPOSE of the Association is to FOSTER BEST PRACTICE GOVERNANCE and ADMINISTRATION IN WESTERN AUSTRALIAN LOCAL GOVERNMENTS.*
- C. *The OBJECTS of the Association are: PROVIDE SUPPORT FOR LOCAL GOVERNMENT ELECTED MEMBERS DEDICATED TO SERVING THE PUBLIC INTEREST THROUGH OPEN, ACCOUNTABLE, TRANSPARENT AND SUSTAINABLE LOCAL GOVERNMENT BY:*
  - 1. *SUPPORTING COUNCILLORS WHO ARE MEMBERS OF THE ASSOCIATION*
  - 2. *PUBLISHING INFORMATION ABOUT BEST PRACTICE LOCAL GOVERNMENT IN WESTERN AUSTRALIA*
  - 3. *IDENTIFYING BEST PRACTICE MODELS, WHICH PROMOTE THE OBJECTS OF THE ASSOCIATION INCLUDING FOR LOCAL GOVERNMENT PROCEDURES AND CONTRACTS, PLANNING SCHEME PROVISIONS, LOCAL LAWS, POLICIES AND NOTICES OF MOTION*
  - 4. *PROVIDING EDUCATION ABOUT BEST PRACTICE LOCAL GOVERNMENT.*

**Nominee Signature:**

**Member Endorsement:**

Name [Print]:

Signature:

**Membership Fee:**

**CONFIDENTIAL ONLY FOR LGEMA COMMITTEE** (One contact detail must be entered on Association Register, which can be inspected by members).

**Please complete all details below AND tick ONE blue box, to show which contact detail is to be used for the Association Register:**

Postal Address [Print] (preferred for Association Register):

Residential Address [Print]:

Email address [Print] (least ideal for Association Register):

Mobile or phone number (will not be used for Association Register contact):

Qualifications and/or areas of expertise available to assist committee [List]:

**DATE of NOMINATION:**

**Checked by :**

**Entered on LGEMA Register:**