



# Nomination / Request to Appoint New Management Committee Member

City Services & Operations

**City Administrative Centre** Bridge Road, Nowra, NSW, Australia, 2541

**Address all correspondence to:** The General Manager, PO Box 42, Nowra, NSW, Australia, 2541 | DX 5323 Nowra  
council@shoalhaven.nsw.gov.au | www.shoalhaven.nsw.gov.au | Phone: (02) 4429 3111 | Fax: (02) 4422 1816

## 1 Nominee Details

Name: .....

Postal Address: .....

Suburb: ..... Postcode: .....

Phone: ..... Mobile: .....

Email: .....

Date: ..... / ..... / .....

## 2 Committee Information

Name of Management Committee: .....

User Group Representing: .....

Position of Applicant on Committee: .....

Nominated by: .....

Seconded by: .....

*Privacy Notification: This form is for the purpose of Shoalhaven City Council sighting insurance requirements and for administrative purposes. The information will be used solely by Council officials for the purpose mentioned above. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access to, or amendment of, the information at any time.*

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### OFFICE USE ONLY

	Nomination - New Management Committee Member	Administration Officer - Parks Operations
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