Kalamunda Economic Development Advisory Committee
Nomination Form

Name:_____

Address:_____

Phone:_____Mobile:_____

Email:_____

Please accept my nomination for membership on the following:

Kalamunda Economic Development Advisory Committee

I am nominating as: (*please tick)*

- ☐ a small to medium enterprise operator within the City of Kalamunda
- ☐ an Aboriginal business operator within the City of Kalamunda
- ☐ an industry representative from within the City of Kalamunda
- ☐ a representative from an economic or business organisation operating within the City of Kalamunda
- ☐ a representative from the Kalamunda Chamber of Commerce

I have read and understand the Terms of Reference Yes ☐ No ☐

Please provide a one-page attachment summarising your experience and benefits you will provide to the reference group Yes ☐ No ☐

I am prepared to commit to the meeting requirements of the advisory committee Yes ☐ No ☐

I declare I am / am not deriving income or wages earned from direct or indirect involvement with the Council facility covered by the above advisory committee for which I seek membership.

Signed:_____Date:_____

Please return to the Chief Executive Officer

IN PERSON: Administration Office, 2 Railway Rd, Kalamunda WA 6076.
MON-FRI 8:30am–5:00pm
BY POST: PO Box 42, Kalamunda WA 6926
EMAIL: enquiries@kalamunda.wa.gov.au

Nominations close 5pm, Tuesday 4 August 2020.

OFFICE USE ONLY: Date Received: _____