



**ASSOCIATE MEMBERSHIP LGEMA NOMINATION FORM**

**Nominee (applicant) Name**

Name [Print]: \_\_\_\_\_

Signature: \_\_\_\_\_

LGEMA Member Endorsement (print name) \_\_\_\_\_

LGEMA Committee Member endorsement (print name): \_\_\_\_\_

Local Government District [ City/Town/Shire print name] .....

Associate Member representing:

**Circle**

- nominated representative of residents', ratepayers' or electors' group, nominated representative of community action group: \$100
- LG Council :\$5,000

Name: Group or Council.....

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

- The name of the Association is: LOCAL GOVERNMENT ELECTED MEMBERS' ASSOCIATION (WA) Inc.*
- THE PURPOSE of the Association is to FOSTER BEST PRACTICE GOVERNANCE and ADMINISTRATION IN WESTERN AUSTRALIAN LOCAL GOVERNMENTS.*
- 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:*
  - SUPPORTING COUNCILLORS WHO ARE MEMBERS OF THE ASSOCIATION*
  - PUBLISHING INFORMATION ABOUT BEST PRACTICE LOCAL GOVERNMENT IN WESTERN AUSTRALIA*
  - 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*
  - PROVIDING EDUCATION ABOUT BEST PRACTICE LOCAL GOVERNMENT.*

**Nominee (Applicant) name and signature**

**Pay Associate Membership Fee(s) to Bankwest account: Local Government Elected Members' Association (WA) Inc.** Send membership nomination form(s), date and payment reference number to lgema@inet.net.au.

**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's Register:

Postal Address [Print] (preferred for register):.....

Residential Address [Print]:.....

Email address [Print]:.....

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

Qualifications and/or areas of expertise available to assist LGEMA .....

**DATE of NOMINATION:**



Checked by :

Entered on LGEMA Register:

<b>ADMINISTRATION ONLY</b>	Tick when done
Check form all information entered	
Entered on LGEMA member/associate member register (RULES registers) “confidential – unless Rules compliant application made to inspect”	
Checked with member their authorisation for contact details for LGEMA Member Register – residential or postal address, or private email address	
Entered details on LGEMA member details confidential register	
Checked membership fee paid	
Membership fee and/or donation receipt issued when requested	
Entered onto LGEMA member group email	
Entered nomination on next LGEMA committee meeting agenda for committee to consider endorsement	
Remove from LGEMA RULES register if annual fees not paid	