



**LGEMA ASSOCIATE MEMBERSHIP 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:**

- 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 (Applicant) name and signature**

**Pay Associate Membership Fee(s) to:**

**Bendigo BANK BSB 633 000 Account 205 872 526 Local Government Elected Members' Association (WA) Inc.**

Send membership nomination form(s), date and payment reference number to lgema@iinet.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 .....