

MEMBERSHIP NOMINATION FORM LOCAL GOVERNMENT ELECTED MEMBERS ASSOCIATION (WA) Inc.

Applicant Full Name (include preferred title) [Print]

Local Government [Print]

Circle Selection: Mayor, President, Elected Member, Former Elected Member

Term of Office: [insert dates of current term/former term(s)]

LGEMA Member Endorsement Signature [name of LGEMA full member endorsing your application]

Print:

Annual Membership Fee (Financial Year): Elected Member = \$60; Former Elected Members = free **Donations** welcome

Payment to: Bendigo Bank BSB 633000 Account 205 872 526

Procedure: Send email to Igema@iinet.net.au with completed and endorsed membership nomination form, include date fee paid and payment reference number; application decided by next LGEMA committee meeting.

Applicant complete all details below. Mark ONE blue box for preferred LGEMA Registered contact (One contact must be entered on Association Register, noting register can be inspected by members)

Po	ostal Address [Print]:
En	nail address (NOT your Cr email address) [Print]:
Mobile or	phone number (for secretariat use only):
Qualifications and/or areas of expertise available to assist committee:	
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
 - PUBLISHING INFORMATION ABOUT BEST PRACTICE LOCAL GOVERNMENT IN WESTERN AUSTRALIA 2.
 - IDENTIFYING BEST PRACTICE MODELS, WHICH PROMOTE THE OBJECTS OF THE ASSOCIATION INCLUDING FOR LOCAL З. GOVERNMENT PROCEDURES AND CONTRACTS, PLANNING SCHEME PROVISIONS, LOCAL LAWS, POLICIES AND NOTICES OF MOTION
 - 4. PROVIDING EDUCATION ABOUT BEST PRACTICE LOCAL GOVERNMENT.

Your (Applicant) Signature:_____

Administration:

PAYMENT Details: Checked by :

Entered on LGEMA Register:

DATE