



## #SaferLeonora Committee Nomination Form

### 1. Complete your contact details:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Are you a member of any other committees or community organisations?

\_\_\_\_\_

\_\_\_\_\_

### 3. Tell us why you would like to join this committee:

\_\_\_\_\_

\_\_\_\_\_

### Certificate:

I, the undersigned, certify that:

I have read and understand the Terms of Reference for the #SaferLeonora Committee.  
The statements in this nomination form, are true and correct to the best of my knowledge.  
I give permission to Council to verify the statements outlined on this form.

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