



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

Applicant Full Name (include preferred title) [Print] _____

Local Government District [Print] _____

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

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

LGEMA Member Endorsement [name of LGEMA full member endorsing your application)

[Print] _____

Annual Membership Fee (Financial Year):

Elected Member = **\$60** Former Elected Members = **free**

Donations are welcome

Procedure: Send email to enquiries@lgema.org.au with completed and endorsed membership nomination form; we will contact you by return email with bank details for payment.

Note: Your application will be decided at 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)

Postal Address [**Print**]: _____

Email address (NOT your Cr email address) [**Print**]: _____

Mobile or phone number (for secretariat use only): _____

Qualifications and/or areas of expertise available to assist LGEMA: _____

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.*

Your (Applicant) Signature: _____ **DATE** _____

Administration:

PAYMENT Details:

Checked by :

Entered on LGEMA Register: