

# NOMINATION FORM

## INDEPENDENT COMMITTEE MEMBER

**PERSONAL DETAILS:**

Committee Name:	
Full Name:	
Address:	
Phone:	
Email:	

**SKILLS AND EXPERIENCE:**

Skills, Experience and/or Qualifications:	
Please detail why you are interested in becoming a Committee Member:	
Please provide any additional information you consider relevant:	

I, \_\_\_\_\_, understand that as a Committee Member I will be bound by the Town of Claremont's Code of Conduct for Council Members, Committee Members and Candidates (available to view on the Town website).

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Please return the completed form by **Wednesday, 15 October 2025** by email ([governance@claremont.wa.gov.au](mailto:governance@claremont.wa.gov.au)),  
Post to PO Box 54, Claremont WA 6910 or in person to 308 Stirling Highway, Claremont WA 6010

Should you require assistance please contact the Manager Governance and Records at  
[governance@claremont.wa.gov.au](mailto:governance@claremont.wa.gov.au) or on 08 9285 4300.