**Yea Saleyards**

**Committee of Management**

**(Special Committee of Council)**

**COMMUNITY REPRESENTATIVE NOMINATION FORM**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
| Contact Phone/Email: |  |

|  |
| --- |
| Please list your interest in serving on this committee and the skills that you will bring: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| List of other committees that you are a member of: |
|  |
|  |
|  |

SIGNED: .....................................

Note: Additional details may be attached as appropriate.

**POST OR EMAIL THIS FORM TO:**

**Co-ordinator Saleyard Operations, Lisa Elward Email:** **lelward@murrindindi.vic.gov.au**

**Yea Saleyards**

**Committee of Management**

**PO Box 138**

**Alexandra VIC 3714**