**Nomination Form**

**Active Transport Advisory Committee**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | | |
| **Property Address:** | | |  | | | | | | **OWNER** |
|  | | | | | | **OCCUPIER** |
| **Mailing Address:** | | |  | | | | | | |
| **Email:** |  | | | | | | **Phone:** |  | |
| **Are you a member of a Club/Group?** | | | | **YES 🞎 NO 🞎** |  |  | | | |
| **If Yes, which one(s)?** | | | |  |  |  | | | |

**Please provide a short paragraph on why you would like to be part of the Active Transport Advisory Committee.**

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**Please complete your nomination and return the form to the City of Bayswater   
by 4:00pm on Friday 15 December 2023**

**Send your completed form:**

**By post: City of Bayswater, PO Box 467, Morley WA 6943**

**By email:** [**mail@bayswater.wa.gov.au**](mailto:mail@bayswater.wa.gov.au)

**In person: City of Bayswater Civic Centre – 61 Broun Avenue, Morley WA 6062**

**Please mark your forms for the attention of the Director Infrastructure and Assets.**