

Application

for _____ **Advisory Group**

*(Please fill in the Advisory Group you are applying for, Oxford,
Ohoka-Mandeville, Central, Coastal, Clarkville or Water Race)*

Name: _____

Address: _____

Email: _____

Phone: _____

Brief background of the person nominated - to include skills, attributes, and/or knowledge which will benefit this particular Advisory Group: *(up to 100 words. "Returning member" is also acceptable).*

Please return form to:

Gerard Cleary
General Manager Utilities & Roading
Waimakariri District Council
215 High Street
Private Bag 1005
Rangiora 7440

Or

Email to Gerard Cleary at Gerard.Cleary@wmk.govt.nz