

# Membership application form



Name

Postcode

Phone

Fax

E-mail

**1**

**Why do you wish to become a member of this committee?**

**2**

**Please list any relevant groups, clubs or associations that you are, or have been involved in within the Stonnington municipality, in what capacity you served, and how this might assist the Community Recovery Committee in its work.**

**3**

**How do you see yourself representing the Stonnington community? Please include skills and/or knowledge that you would bring to the Community Recovery Committee.**

**4**

**Is there any other relevant information that you would like to provide?**



I have read the Terms of Reference and the Committee member position description and understand the terms of the committee

Please return completed application form to:  
**COVID Response Team**

City of Stonnington  
PO Box 58 MALVERN VIC 3144

email: [covidresponse@stonnington.vic.gov.au](mailto:covidresponse@stonnington.vic.gov.au)