

Application Form – Associate Board Member

Name:	
Phone Number:	
Email Address:	
If you would like assistance with your application, please contact Jo Cannon, Manager People and Culture on 0460 017 264.	
Why would you like to be an Associate Board Member for the Authority?	
What existing skills or experience do you have?	
What skills or experience would you like to learn from the experience as an Associate?	
I will be able to come to Board meetings and participate in training?	Yes No
I am aged between 18 – 34 years of age.	Yes No
Signature:	
Date:	
Please send this form to HR@egcma.com.au by 5pm Friday, 24 May 2024.	