

ELECTED MEMBER INFORMATION

NAME:			
Table 1: Please comp	lete for information t	to be provide to the g	eneral public
Street address			
Town		Postcode	
Mailing address		'	
Town		Postcode	
Contact number(s)	Home	Mobile	Work
Email address	@chittering.wa.gov.au		
Table 2: Please comp	lete for staff ONLY in	formation	
Street address			
Town		Postcode	
Mailing address			
Town		Postcode	
Contact number(s)	Home	Mobile	Work
Email address			
Table 3: General info	rmation		
DATE OF BIRTH			
PARTNER'S NAME			
DATE FIRST ELECTED			
FOOD ALLERGIES	ı		
PREFERRED ALCOHOLIC BEVERAGE			

Table 4: Please complete with your working history and experience (this information will be listed on the Shire's website)