

Rockingham Aboriginal Advisory Group (AAG) Member Nomination Form

I _____, would like to nominate myself as a member of the AAG for a term of two (2) years. I have read and agree to the requirements set out in the AAG Terms of Reference.

Full Name: _____ DOB: _____

Address: _____

Phone number: _____

Email Address: _____

Please describe your connection to the Rockingham area:

Signed: _____ **Date:** _____

