

**CITY OF FREMANTLE
DISABILITY ACCESS CONSULTING COMMITTEE**



NOMINATION FORM

NAME:

ADDRESS:
.....

TEL/TTY:

FAX:

MOBILE:

E-MAIL:

Preferred method of contact (eg phone, mail, email).....

Preferred method of receiving minutes (eg mail, email, both)

I wish to nominate as a representative from the following field/s

- As a person with a disability
- As a carer or family member of a person with a disability
- As a person from a disability service provider
- As a person with an interest in access issues

My interest in the committee is:
.....
.....

The skills I bring to the committee are:
.....
.....

Please return the form to:
Megan Griffiths, Disability Access Project Officer
PO Box 807, Fremantle WA 6959