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| **Landcare NSW Incorporated** **ABN 24 958 819 359****ENDORSED REGIONAL REPRESENTATIVE MEMBERSHIP APPLICATION FORM** |  |

Regional Landcare representative bodies are invited to nominate an endorsed regional representative for their group or network to the Landcare NSW Council. Where a peak regional Landcare body does not exist, a Landcare group may nominate an endorsed representative for membership.

To nominate an individual for membership to the Landcare NSW Council, both the regional Landcare body and their endorsed representative will need to submit the completed *‘Endorsed Regional Representative Membership Application Form’* to Landcare NSW.

Please refer to the ‘*Representative Council – Endorsement Guide’* forfurther information on the endorsement and nomination process, along with details on the role and responsibilities of being an endorsed Council member.

**Details of the Regional Landcare Body:**

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| *(Name of the regional Landcare body, or similar, nominating the representative – please print)* |
| Contact person for Regional Landcare body: |  |
| Address:  |  |
| Phone No:  |  | Email:  |  |
|  |  |  |  |
| As an Office Bearer of the abovementioned regional Landcare body, I wish to endorse the following member as our representative on the Council of Landcare NSW: |
| Name of Endorsed Representative: |  |
| Name & Position of Office Bearer: |  |
| Signature of Office Bearer: |  | Date: |  |

**Is there already an endorsed Council representative from the same Landcare body and/or region?**

**YES** [ ]  **NO** [ ]

**If YES,** please provide details of the reason for requesting an additional endorsed representative for the region for consideration by the Landcare NSW Council. Please include in your response details of the area and/or organisation that this endorsement represents and how this may differ from existing representatives. Please also include in your response the unique community, organisational or environmental issue this endorsement represents.

I accept the endorsement of my peak regional Landcare body, as representative on the Landcare NSW Council:

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| Name of nominee: |  |
| Address:  |  |
| Phone No:  |  | Email\*:  |  |
|  |  |  |  |

*\*Please note that the email address supplied here will be the main avenue of correspondence for the representative unless otherwise stated.*

**In the event of admission as a Member of Landcare NSW Council, I agree to be bound by the constitution and rules of Landcare NSW Inc.**

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| Signature: |  | Date: |  |

***Form to be lodged with Landcare NSW Inc at least 7 days prior to the AGM***

**By Post By email**

Unit 7/56 Church Avenue, MASCOT NSW 2020 administration@landcarensw.org.au

*LANDCARE NSW Committee Use Only*

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| *Date Rec’d:* |  | *Date Approved:* |  | *Database:* |  |