

Elected Member Details Form

Shire of West Arthur
PO Box 112
31 Burrowes Street
Darkan WA 6392
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ELECTED MEMBER DETAILS

Title		First Name	
Middle Name(s)		Surname	
Preferred First Name		DOB	
Home Telephone No		Mobile No	
Email Address			
Residential Address			
Postal Address (if different)			
Work Place			
Work Address			
Work Phone No			
Indicative Polo Shirt Size			

NEXT OF KIN (IN CASE OF EMERGENCY)

Full Name	Mr/Mrs/Ms		
Residential Address			
Telephone No		Mobile No	
Relationship			

SPOUSE DETAILS (IF DIFFERENT FROM NEXT OF KIN)

Full Name	Mr/Mrs/Ms		
Telephone No		Mobile No	

MEDICAL CONDITIONS

Please list only the medical conditions that the Shire may need to be aware of in the event of an emergency:
(i.e. asthma, heart condition, epilepsy, allergy)

DIETARY REQUIREMENTS

DECLARATION

Signature of Member

Date

OFFICE USE ONLY

Received by		Date Recorded	
File Reference Issued		Sent to Accounts	