

## Slinfold Parish Council

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## PARISH COUNCILLOR APPLICATION FORM NAME: ADDRESS: TEL: **EMAIL:** EXPERIENCE THAT MAY BE RELEVANT TO THE PARISH COUNCIL: TELL US BRIEFLY, WHY YOU WISH TO BECOME A PARISH **COUNCILLOR:** I CONFIRM THAT I HAVE READ THE TERMS OF OFFICE AND AM ELIGIBLE TO STAND AS PARISH COUNCILLOR: YES/NO (Please delete as appropriate). SIGNED: DATED: PLEASE RETURN YOUR COMPLETED FORM TO BEVERLEY TURNER, PARISH CLERK, SLINFOLD PARISH COUNCIL, PO BOX 360, SLINFOLD, WEST SUSSEX RH13 5GW