



**Re-nomination Form
Inclusion and disAbility Access Advisory Group**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date: _____

Are you nominating as a person who:

- has a disability and resides in the Shire of Mundaring or who utilises the Shire of Mundaring as their local community.

- is a carer, friend or family of a person with a disability or who has demonstrated advocacy in access and inclusion issues for people with disability and resides with the Shire of Mundaring or who utilises the Shire of Mundaring as their local community.

- represents a community service organisation that operates within the Shire of Mundaring and provides support for people with disability.

- represents a person or people who have mental health issues or psychosocial disability.

Email completed form to shire@mundaring.wa.gov.au or mail to
Shire of Mundaring, 7000 Great Eastern Highway, Mundaring 6073