



Ashington Parish Council

PARISH COUNCILLOR APPLICATION FORM

NAME: _____

ADDRESS: _____

TEL: _____

EMAIL: _____

DATE OF BIRTH: _____

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 KAREN DARE, PARISH CLERK,
ASHINGTON PARISH COUNCIL, HONEYSUCKLE HOUSE, LONDON ROAD, ASHINGTON,
PULBOROUGH. WEST SUSSEX RH20 3JR