



APPLICATION FORM FOR PARISH COUNCILLOR

NAME	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	
DATE OF BIRTH	

I hereby confirm that:

I meet the criteria for eligibility to be a member of the council (criteria is set out in s.79 of the 1972 Act).

and

I am not disqualified to be a member of the council (criteria is set out in s.80 of the 1972 Act).

Signed _____

Date _____

Print name _____

Council Office: Billingshurst Centre
 Roman Way, Billingshurst, West Sussex RH14 9QW
 Tel: 01403 782555 Fax: 01403 787699
 Email: council@billingshurst.gov.uk

NAME: _____

Please outline why you would like to become a Parish Councillor below:

A copy of this page will be circulated with the Council agenda to all Councillors.