COMMUNITY LIAISON GROUP

Application Form

Name: _____

Salutation: _____

Occupation: _____

Residential Address: _____

Email: _____ Mobile: _____

Describe your interest in Port of Townsville Limited and why you are nominating to participate in the Community Liaison Group

_____

_____

_____

_____

Tell us a little bit about yourself:

_____

_____

_____

_____

Briefly explain why you believe you would be a good representative of the community?

_____

_____

_____

_____

Are you prepared to work constructively with the Port team by providing feedback, opinions and ideas into our operations, stakeholder engagement and future plans?

_____

_____

_____

Application Form

Are you currently a member or volunteer of any advisory groups, committees or industry group?

_____

_____

_____

_____

_____

Are you available to attend one CLG meeting each month at 5pm?

_____

_____

_____

_____

_____

_____

Please send your application to community@townsvilleport.com.au