



# WINDERMERE & BOWNESS TOWN COUNCIL

*Representing the interests of the communities of Windermere, Bowness and Troutbeck Bridge*

## APPLICATION FOR CO-OPTION AS A TOWN COUNCILLOR FOR \_\_\_\_\_ WARD

CANDIDATES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ELECTORAL ROLL NUMBER: \_\_\_\_\_

### SUPPORTERS (TWO REQUIRED):

(Supporters must be from the Ward you wish to represent and from two different addresses)

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ELECTORAL ROLL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ELECTORAL ROLL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

3. WHY DO YOU WISH TO SERVE ON THE TOWN COUNCIL?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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4. PLEASE GIVE ANY FURTHER INFORMATION ABOUT YOURSELF THAT YOU THINK MIGHT BE HELPFUL TO THE TOWN COUNCIL WHEN CONSIDERING YOUR APPLICATION. FOR EXAMPLE, HOW LONG HAVE YOU LIVED HERE, WHAT DO YOU DO, OR IF RETIRED, WHAT DID YOU DO, WHAT LOCAL (OR OTHER) ORGANISATIONS (e.g CHARITIES) ARE YOU INVOLVED WITH

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SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

To ensure that you qualify to become a member of the Town Council, Questions 1 and 2 on the application form are obligatory.

You are warmly invited to attend a Town Council meeting prior to your application being considered. We meet on the second Wednesday of each month and the planning sub-committee is on the fourth Wednesday of each month.

Electoral roll numbers for yourself and supporters can be obtained from the Clerk.

PLEASE RETURN YOUR COMPLETED FORM TO:-

Mrs Sally Parkyn  
Windermere & Bowness Town Clerk  
Langstone House  
Broad Street  
Windermere  
LA23 2AB  
TEL: 07476967581  
EMAIL: [clerk@windermere-tc.gov.uk](mailto:clerk@windermere-tc.gov.uk)