



CONGRESS OF THE PEOPLE

APPLICATION FORM FOR LOCAL GOVERNMENT ELECTIONS

Name:

(First) _____ (Last) _____

Address:

Occupation:

**Educational
Qualifications:**

Telephone:

(h) _____ (w) _____ (c) _____

E-Mail Address:

**Record of Community
Service Involvement:**

**Reasons for wanting to
be a Councillor:**



CONGRESS OF THE PEOPLE

**Describe your
Philosophy of Local
Government:**

(1 paragraph)

Are you bankrupt and/or are there any Judgments and/or Legal Proceedings against you?

YES

NO

If yes, please explain:

Are you eligible to contest Local Government Elections?

YES

NO

State area of Local Government you are interested in:

Regional Corporation

Electoral District

**If selected, how do you
propose to fund your
campaign?**

Party Membership Number:

Signature

Date

Instructions

- 1) Download the form and fill out pages 1 and 2
- 2) Sign and date the form
- 3) Drop off or mail the completed form to:

**Chairman,
Congress of the People**

Operations Center
213 Caroni Savannah Road
Charlieville, Chaguanas
Trinidad and Tobago.

Or

Flagship House
2 Broome Street, Woodbrook, (Corner Tragarete Road & Broome Street)
Port of Spain.
Trinidad and Tobago.

- 4) You can also email the completed form to **secretariat@coptnt.com**