



CONGRESS OF THE PEOPLE

APPLICATION FORM FOR LOCAL GOVERNMENT ELECTIONS

Name:

Address:

Occupation:

**Educational
Qualifications:**

Telephone:

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

E-Mail Address:

**Record of Community
Service Involvement:**

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



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