



Expression of Interest Appointment to a Committee of Council

Name: _____

Address: _____

Telephone: _____

Email: _____

Please provide a brief note explaining “Why you are interested in serving on the Accessibility and Inclusivity Advisory Committee and what contribution you believe you could make”

Please note that committee meetings are held during regular business hours (between 8:30 am and 4:30 pm Monday to Friday).

Notice of Collection of Personal Information: Personal information on this form is collected under the legal authority of the *Municipal Act*, as amended. This information is collected and maintained for the purposes of applying to join an advisory committee of Council. Questions about the collection and storage of this information should be directed to the Clerk, 4305 Hamilton Rd, Dorchester ON, 519-268-7334 or via email: clerk@thamescentre.on.ca

Once form complete please submit via email to clerk@thamescentre.on.ca