**Co-option of New Community Council Member**

Use this form to advise Aberdeen City Council of the intention to co-opt the below named member. Submit the completed form to the CCLO. Eligibility will be checked with the elections office and confirmed with the Community Council.

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| --- | --- | --- | --- |
| **Community Council Name** |  | | |
| **Members Name  (no initials please):** |  | | |
| **New Members Home Address including postcode:** |  | | |
| **New Members Telephone Number:** |  | | |
| **New Members Email Address:** |  | | |
| I declare that I am qualified to be co-opted as per the Community Council Scheme 2018-2021, that I have attained the age of 16 years old and am a qualifying elector, I am registered as a Community Council elector for the Community Council area and agree to abide by the terms of the Code of Conduct for Community Council Members. I confirm I have read the terms as detailed below. | | | |
| **New Members Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **Co-option agreed by Community Council at meeting on (date)** |  |

Please return this form to   
Community Council Liaison Officer, Aberdeen City Council, Governance, Town House, Broad Street, Aberdeen, AB10 1AQ or email [communitycouncils@aberdeencity.gov.uk](mailto:communitycouncils@aberdeencity.gov.uk)