

## South Westland Freshwater Management Unit (FMU) Group

### Application Form - Community Membership

The purpose of the South Westland FMU Group is to engage with the community to identify their values for, and understand the issues with, freshwater quality and quantity in the South Westland Freshwater Management Unit (SWFMU). The Group will then make recommendations to the Council for future plan provisions and work programmes to manage the land and water resources within the FMU. The recommendations may contain both regulatory (e.g. rules in plans) and non-regulatory (e.g. riparian planting) measures to maintain or improve freshwater quality and quantity outcomes in the FMU.

#### Personal Details:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived on the West Coast?

< 1 year  1 – 3 years  3 – 5 years  5 – 7 years  7- 10 years  10+ years

Do you belong (or are affiliated with) any clubs, groups or organisations?

If yes, what are they?

\_\_\_\_\_

\_\_\_\_\_

Will you be representing any of the above? Yes  \_\_\_\_\_ No

#### South Westland FMU:

Do you live within the South Westland FMU boundary? (See attached map)

Yes  How long have you lived in the South Westland FMU boundary? \_\_\_\_\_

No  What is your interest and/or connection to the South Westland FMU? \_\_\_\_\_

\_\_\_\_\_

What values, uses and interests do you hold for fresh water in the South Westland FMU (i.e. culture, recreation, farming, mining, conservation, forestry)?

\_\_\_\_\_

\_\_\_\_\_

What are your main concerns for the rivers and lakes in the South Westland FMU?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any contacts or networks in the South Westland FMU?

No

Yes  Who are they? \_\_\_\_\_

How will you relay information between these networks and the South Westland FMU group?  
\_\_\_\_\_

**Applicant Suitability:**

Do you have qualifications, skills and/or interests that will benefit the process?

No

Yes  What are these? \_\_\_\_\_

Do you have freshwater group or other committee experience?

No

Yes  What experience do you have? \_\_\_\_\_

Please supply the names, affiliation and contact details for two referees:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Affiliation: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Affiliation: \_\_\_\_\_

- I will be available for 1-2 full day workshops, commencing in December 2020 or January 2021
- I will be available for an interview in November 2020

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email membership forms to [Lillie.sadler@wrc.govt.nz](mailto:Lillie.sadler@wrc.govt.nz)