

CONTACT NAME FROM ROADWISE COMMITTEE OR OTHER ROAD SAFETY STAKEHOLDER FROM YOUR AREA TO VERIFY/REFEREE

NOMINATION DETAILS:

Name: _____

Contact details: _____

NATURE OF ROAD SAFETY EVENT/WORK/INITIATIVE UNDERTAKEN BY NOMINEE

PLEASE SEND INFORMATION TO

WALGA ROADWISE PROGRAM

FAX NUMBER: 9321 8378

**PO BOX 1544
WEST PERTH WA 6872**

EMAIL: RoadWise@walga.asn.au

TOWARDS ZERO



getting there together