

## Land trust member acceptance form

<b>I,</b>			
<b>Of</b> (Address)			
<b>Telephone number</b>			
<b>Email</b>			
<b>acknowledge that I have been nominated as an additional member for the</b>			
			<b>Land Trust.</b>
<b>Which is the owner of land at, Lot number:</b>		<b>Plan Number:</b>	

*(Please tick the relevant box below)*

I agree to be a member with my name to be recorded as it appears above

I do not agree to be a member

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please return completed form to:**  
 Indigenous Land Transfers and Leasing  
 Department of Resources  
 Level 5, William McCormack Building, Cairns  
 PO Box 937 CAIRNS QLD 4870  
 Or email: [IndigenousLand@resources.qld.gov.au](mailto:IndigenousLand@resources.qld.gov.au)  
 Call: 13QGOV (13 74 68) or 42225549