



Glen Innes Natural Resources Advisory Committee

Application for Membership

Membership can be for a family, property, or individual

Date: _____

Type of membership required: Family Property Individual (Circle one)

Name of membership: _____ (eg Property name, family name)

Names of people included in membership: (maximum 8)

Membership address:

Telephone: _____ **Mobile:** _____

E-mail: _____

Signature: _____

Please return to GLENRAC -

By Post - PO BOX 660 GLEN INNES NSW 2370

By Email— glenrac@glenrac.org.au or

In Person—68 Church St, NPWS Building GLEN INNES