

Application for appointment as a community representative of the Crown Cemetery Advisory Committee



Land and Property
Management Authority

Name: _____

Postal address: _____ Postcode: _____

Telephone: Business hours () _____ After hours () _____

Mobile _____ Fax: () _____ Date of birth: ____/____/____

Occupation: _____

1. Please detail the skills and attributes you have to offer the committee.

2. Please list any professional, academic and trade qualifications or skills which have not been covered above.

3. Please provide details of membership of any community organisation or relevant special interest groups.



4. Please list any interests or special areas of expertise which may be relevant.

5. Are you a member of any other government boards or committees? [Yes] [No]

6. If yes, please provide details below.

Signature of applicant: _____

Dated this _____ day of _____ 20 _____

Referees

Please provide the names and contact details of two referees in support of this application.

Name: _____

Address: _____ Postcode: _____

Signature of referee: _____

Name: _____

Address: _____ Postcode: _____

Signature of referee: _____

Lodge this application at:

Manager, Cemetery Policy
Land and Property Management Authority
GPO Box 15
Sydney NSW 2001
Fax: (02) 9236 7632

**Land and Property Management Authority
Head office**

1 Prince Albert Road
Queens Square
SYDNEY NSW 2000

T 1300 052 637
61 2 9228 6666
F 61 2 9233 4357

