



# Local Aboriginal Land Council DARKINJUNG

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## I CHANGE OF DETAILS I

<b>TITLE:</b>	<b>MR</b>	<b>MRS</b>	<b>MS</b>	<b>DR</b>
<b>FIRST NAME</b>				
<b>SURNAME:</b>				
<b>DATE OF BIRTH:</b>				
<b>OLD ADDRESS:</b>				
<b>NEW ADDRESS:</b>				
<b>PHONE NUMBER:</b>				
<b>EMAIL:</b>				

**STATUS CHANGE**

(Please Circle)

**VOTING TO NON-VOTING**

**NON-VOTING TO VOTING**

**SIGNATURE:**

**DATE:**

**Office Use**

**Processed by:**

**Date:**