WET TROPICS MANAGEMENT AUTHORITY

Wet Tropics Contacts Database

- By signing this form, you are giving the Wet Tropics Management Authority permission to collect and manage your contact details in the *Wet Tropics Contacts Database*.
- The Wet Tropics Management Authority will only use your information to contact you about the management of the Wet Tropics World Heritage Area.
- In accordance with the Queensland Government's privacy policy, the Wet Tropics Management Authority respects your privacy and your contact details will not be given to a third party without your consent.

I, ……..……authorise the Wet Tropics Management Authority to collect and manage my information in the *Wet Tropics Contacts Database.*

Signed: …… Date: …….

Is this nomination to (Please Tick) ***Add*** ☐ ***Renewal*** ☐ **or** ***Remove*** ☐ **you from the Wet Tropics Contacts Database?**

Is this a nomination as an (Please tick) ***Organisation*** ☐ **or an** ***Individual*** ☐**?**

Please feel free to answer as much as you like, and ignore questions that do not apply to you.	
Please circle **Title: Mr, Mrs, Ms, Dr, Other:**	
First name:	**Surname:**
Position:	**Organisation:**
Postal address:	**Town:**
State:	**Postcode:**
Street address *(if different to postal address)***:**	**Lot on Plan** *(if known)**:***
Business phone:	**Home phone:**
Mobile phone:	**Fax:**
Email:	**Web Address:**
I am an Indigenous person: *Please circle:* **Yes** / **No**	**Language / Tribal group:**
I would like to subscribe to the quarterly *Wet Tropics Management Authority eMail Newsletter*: *Please circle:* **Yes** / **No**	
Contact protocol: (*Please feel free to tell us how and when to contact you)*	
Administrative Notes:	***Date Entered*** *Responsible Officer:*

Please return this form to:

Level 1, Cairns Corporate Tower, 15 Lake St, Cairns QLD 4870
PO Box 2050, CAIRNS, QLD, 4870
Fax: 07 4031 1364 Email: wettropics@wtma.qld.gov.au