Membership Application

Criteria for Membership:
Membership of the Association shall be open to adult Aboriginal persons normally and permanently residing in the Far South Coast area of New South Wales; in particular the following commuities Bega/Pambula, Eden, Wallaga Lake, Bermagui/Cobargo, Narooma/Dalmeny/Kianga, Bodalla, Moruya, Mogo/Tomakin and Batemans Bay.

"Aboriginal" means a person who is –

a) a member of the Aboriginal Race of Australia; or
b) a descendant of an indigenous inhabitant of the Torres Strait Islands.

All Applicants must provide "proof of Aboriginality" upon application before being considered.
All Applicants must provide proof of residency.

Full Name: ----------

Residential Address: ----------

Postal Address: ----------

Email (Optional): ----------

Phone (Optional): ----------

Sex: M / F **D.O.B: / /**

If accepted, I agree to abide by the Rules of the Corporation and the Policies and Procedures as they apply to the organisation and/or the services provided.

I therefore, as the applicant declare that I satisfy the membership application criteria and hereby apply for acceptance as member of the Katungul Aboriginal Corporation Regional Health and Community Services.

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Signature of Applicant Date

Administration Only

Application received: / / *□ Accepted* *□ Rejected*

Date of Committee Meeting: / / *Resolution No……..*

Moved By: …….. *Seconded By: ……* *Carried / Rejected*

Katungul Aboriginal Corporation Regional Health and Community Services
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