

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CONTACT INFORMATION

Full Name:		
Other Names:		
Address:		
Suburb:	State:	Post Code:
Date of Birth:		
Phone:		
Email:		

PREFERRED COMMUNICATIONS METHOD

I request that all communications from the Njernda Aboriginal Corporation be sent to me as follows: (Tick ✓)

☐ By Post
 ☐ By Email
 ☐ By Text Message (SMS)

TYPE OF MEMBERSHIP

I am applying for the following category of Membership (Tick ✓)

☐ Full Member
 ☐ Associate Member

MEMBERSHIP CRITERIA - FULL MEMBER	(Tick ✓)
1. Provide Membership Contact Information in the table above.	<input type="checkbox"/>
2. Be 18 years of age, show one form of identification <i>a. provide a copy of your birth certificate; or</i> <i>b. provide a copy of your drivers license; or</i> <i>c. provide alternative identification</i>	<input type="checkbox"/>
3. Be an Aboriginal and/or Torres Strait Islander person.	<input type="checkbox"/>
4. Declare you are a permanent resident, for at least the last 6 months of the areas bounded by Echuca, Barmah, Gunbower, Rochester, Moama, Lockington, Tongala and Mathoura.	<input type="checkbox"/>
5. Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.	<input type="checkbox"/>
6. Not be a body corporate, company or any entity other than a person.	<input type="checkbox"/>
7. Provide reasons for wishing to become a member.	<input type="checkbox"/>

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MEMBERSHIP CRITERIA - ASSOCIATE MEMBER	(Tick ✓)
1. Provide Membership Contact Information in the table above.	<input type="checkbox"/>
2. Be 16 years of age, show one form of identification a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification	<input type="checkbox"/>
3. Be an Aboriginal and/or Torres Strait Islander person.	<input type="checkbox"/>
4. Declare that you have family (who is a Full Member) that resides in the areas bounded by Echuca, Barmah, Gunbower, Rochester, Moama, Lockington, Tongala and Mathoura.	<input type="checkbox"/>
5. Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.	<input type="checkbox"/>
6. Not be a body corporate, company or any entity other than a person.	<input type="checkbox"/>
7. Provide reasons for wishing to become a member.	<input type="checkbox"/>

To be successful in your application for membership of Njernda Aboriginal Corporation, you are required to satisfy the membership criteria set out above. **If you are unable to meet the requirements, your application will not be successful and returned as incomplete or requesting further information.**

DECLARATION

I _____ (Full name of applicant),
 apply for membership of Njernda Aboriginal Corporation (Tick membership type below ✓)

FULL MEMBER DECLARATION

☐

I declare that I am eligible to become a **Full Member** and confirm that I:

- am over 18 years of age
- am an Aboriginal and/or Torres Strait Islander person
- am a permanent resident of the areas bounded by Echuca, Barmah, Gunbower, Rochester, Moama, Lockington, Tongala, Mathoura
- will abide by the Rule Book, the Act and the Member Code of Conduct
- will act in the best interests of the Corporation
- am not a body corporate, company or any entity other than a person

ASSOCIATE MEMBER DECLARATION

☐

I declare that I am eligible to become an **Associate Member** and confirm that I:

- am over 18 years of age
- am an Aboriginal and/or Torres Strait Islander person
- have family who is a Full Member, who resides in the areas bounded by Echuca, Barmah, Gunbower, Rochester, Moama, Lockington, Tongala, Mathoura
- will abide by the Rule Book, the Act and the Member Code of Conduct
- will act in the best interests of the Corporation
- am not a body corporate, company or any entity other than a person



APPLICATION FOR MEMBERSHIP

The reason/s I wish to become a member of Njernda Aboriginal Corporation are:

Signature of Applicant: _____

Date: _____

CORPORATION USE ONLY

Application received	Date:
Application tabled at Directors' meeting held on	Date:
Directors consider applicant is eligible for membership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directors enter name, address and date on register of members	Date:
Directors have sent notification of decision to the applicant	Date: