



Please place \$1.00 coin here

Application for Membership

I, _____ wish to apply to be a Member of the Gunditjmarra Aboriginal Cooperative and agree to abide by the terms and conditions of the Gunditjmarra Membership. I am over the age of 18 years.

Membership Criteria.

Reason for wishing to become a Member of the Gunditjmarra Aboriginal Cooperative Ltd.

PERSONAL DETAILS

Name: _____

Date of Birth: _____ Phone / Mobile: _____

Residential Address: _____

Postal Address: _____

Length of Time at this Address: _____

Place of Origin: _____

Please tick Box

- Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander person
- Biological Parent of Aboriginal / Torres Strait Islander person
- Step Parent of Aboriginal / Torres Strait Islander person
- Widow / Widower of Aboriginal / Torres Strait Islander person
- Spouse of Aboriginal / Torres Strait Islander person
- Former Spouse of Aboriginal / Torres Strait Islander person
- Defacto of Aboriginal / Torres Strait Islander person
- Legal Guardian of a person who is of Australian Aboriginal / Torres Strait Islander descent

Declaration.

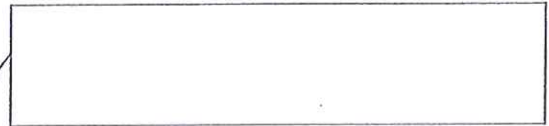
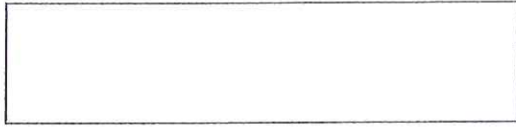
I declare that the above information is both true and correct.

Sign: _____ Date: _____

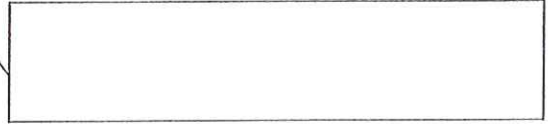
OFFICE USE ONLY	
Date Received: _____ / _____ / _____	
<input type="checkbox"/> Applicant Approved	<input type="checkbox"/> Not Approved
Receiving Officer: _____	
Date of Board of Directors Approval: _____ / _____ / _____	
Approved Signatures: _____	_____

MOTHER

MOTHER

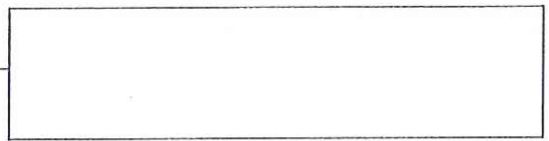
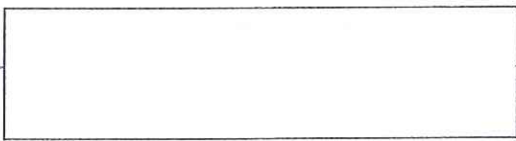


FATHER



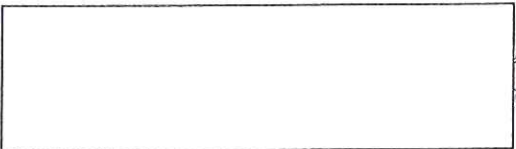
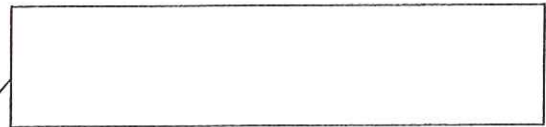
YOU

PARTNER

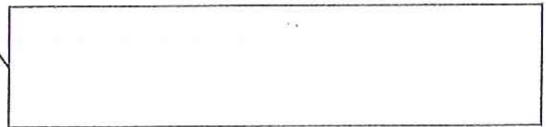


MOTHER

FATHER



FATHER



CHILDREN

