



Application for Membership Form APPLICATION FOR MEMBERSHIP

Corporations (Aboriginal and Torres Strait Islander) Act 2006

I, the undersigned, hereby apply for admission as a member of the South East Tasmanian Aboriginal Corporation. I declare that I am eligible for membership as outlined in the Rules of the Corporation.

PERSONAL INFORMATION			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Surname:	First Name:	Middle:	
Home Address:			
Town:	TAS	Postal Code:	
Postal Address:			
Town:	TAS	Postal Code:	
Home Phone: ()	Work: ()	Mobile:	
Email:			

ABORIGINALITY		
<input type="checkbox"/> I declare that I am of Aboriginal or Torres Strait Islander descent : <input type="checkbox"/> I declare that I identify as an Aboriginal or Torres Strait Islander person: <input type="checkbox"/> I declare that I am accepted as an Aboriginal or Torres Strait Islander person in the community of which I live, or in the community of which I previously lived. This community being:		
Family Group:	Town/ Region:	State:

DECLARATION	
<input type="checkbox"/> If my application is accepted, I agree to abide by the Rules of the Corporation, for a copy contact head office 6295 0004.	
Signature:	Date:

Contact information	
<input type="checkbox"/> We may wish to SMS you in the future is this okay? <input type="checkbox"/> Preferred method of correspondence (tick one): <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Yes, I want to be on the SETAC mailing list in order to receive any communiques; special event notices etc.	

DIRECTORS ENDORSEMENT	
Date of Committee Meeting:	Application Result: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Rejection Reason:	
Comments:	
Chairperson's Name:	Chairperson's Signature:

OFFICE USE ONLY		
SETAC Entry Date:	Processed by:	Membership #: