



## Application for Associate Membership Form APPLICATION FOR ASSOCIATE 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 <b>descent</b> : <input type="checkbox"/> I declare that I <b>identify</b> as an Aboriginal or Torres Strait Islander person: <input type="checkbox"/> I declare that I am <b>accepted</b> 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.	
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### 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 #:
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