

SCHEDULE 1—APPLICATION FOR MEMBERSHIP FORM

WALHALLOW ABORIGINAL CORPORATION

ICN: 69

Application for membership

Membership Contact Information

Full Name					
Other Names					
Address					
Suburb		State		Post Code	
Date of Birth					
Mobile Number					
Email Address					

Preferred method of receiving communications

I request that all communications from the Corporation be sent to me as follows:

	Tick (✓)
By Post	<input type="checkbox"/>
By Email	<input type="checkbox"/>
By Short Message Service (SMS)	<input type="checkbox"/>

Residency of Member

I am a permanent resident of the following location or its surrounding area:

	Tick (✓) one box only
Walhallow Village	<input type="checkbox"/>
Tamworth, NSW	<input type="checkbox"/>
Quirindi, NSW	<input type="checkbox"/>
Werris Creek, NSW	<input type="checkbox"/>

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

Membership Criteria

Tick (✓) once completed

1. Provide Membership Contact Information in the table above.	<input type="checkbox"/>
2. Be 18 years of age, show one form of identification <ol style="list-style-type: none"> 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 you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.	<input type="checkbox"/>
5. Not be a body corporate, company or any entity other than a person	<input type="checkbox"/>
6. Provide reasons for wishing to become a member.	<input type="checkbox"/>
7. Provide details of connection to community	<input type="checkbox"/>
AND be a permanent resident of one of the following locations or there surrounding areas	
A. Walhallow Village at Carroona, NSW	<input type="checkbox"/>
B. Tamworth, NSW	<input type="checkbox"/>
C. Quirindi, NSW	<input type="checkbox"/>
D. Werris Creek, NSW.	<input type="checkbox"/>

Declaration

I, _____ (Full name of applicant),

apply for membership of the Walhallow Aboriginal Corporation:

I declare that I am eligible to become a 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 either Walhallow Village at Carroona, Tamworth, Quirindi or Werris Creek, NSW or an area surrounding one of these locations
- 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

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

Details of my connection to my community 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	Yes / No
Name, address and date of director approval entered on register of members	Date:
Directors have sent notification of directors' decision to the applicant	Date: