



Njernda - To know our living culture
Njernda Aboriginal Corporation

NJERNDABORIGINAL CORPORATION APPLICATION FOR MEMBERSHIP

I wish to apply to be a Voting Member of Njernda Aboriginal Corporation. I am an active member of the Community and agree to abide by the terms and conditions of Membership. I am over the age of 18 years.

PERSONAL DETAILS

Name: _____

DOB: _____

Residential Address: _____

Postal Address: _____

Length of time at this address: _____

PLEASE TICK BOX

ABORIGINAL DESCENT

TORRES STRAIT ISLANDER DESCENT

ASSOCIATE MEMBER

(Non Aboriginal Spouse of an Aboriginal person ~ non voting member)

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature

Date

Witnessed by: _____
(please print name – must be a current member)

Signature of Witness: _____

Date Signed: ____ / ____ / ____

OFFICE USE ONLY

Date Received: ____ / ____ / ____

Applicant Approved

Not Approved

Associate M/Ship Approved

Receiving Officer: _____

Date of Boards of Directors Approval: ____ / ____ / ____

Approved Signatures _____