SCHEDULE 1—APPLICATION FOR MEMBERSHIP FORM

NJERNDA ABORIGINAL CORPORATION ICN: 1274

Application for membership

Address Suburb State Post Code Date of Birth Phone Number Email Address Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Full Member Associate Member	
Suburb State Post Code Date of Birth Phone Number Email Address Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Full Member Associate Member	
Suburb State Post Code Date of Birth Phone Number Email Address Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Full Member Associate Member	
Date of Birth Phone Number Email Address Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
Phone Number Email Address Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Full Member Associate Member	
Email Address Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
Preferred method of receiving communications request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Full Member Associate Member	
request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
request that all communications from the Corporation be sent to me as follows: By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
By Post By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
By Email By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tick b Full Member Associate Member	Tick (
By Short Message Service (SMS) Category of Membership being applied for am applying for the following category of membership: Tick being Tick being applied for applying for the following category of membership:	
Category of Membership being applied for am applying for the following category of membership: Tic b Full Member Associate Member	
am applying for the following category of membership: Tic b Full Member Associate Member	
am applying for the following category of membership: Tic b Full Member Associate Member	
am applying for the following category of membership: Tic b Full Member Associate Member	
Full Member Associate Member	
Full Member Associate Member	
Associate Member	ick (🖊) on box only
o be successful in your application for membership of Niernda Aboriginal Corporation	
o be successful in your application for membership of Niernda Aboriginal Corporation	-
equired to satisfy the membership criteria set out below. If you are unable to	
requirements below, your application will not be successful and returned as in- or requesting further information.	ncompie
n requeeting furties information.	

Membership Criteria (Full Member)

		completed
1.	Provide Membership Contact Information in the table above.	
2.	Be 18 years of age, show <u>one</u> form of identification a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification	
3.	Be an Aboriginal and/or Torres Strait Islander person	
4.	Declare you are a permanent resident, for at least the last 6 months of the areas bounded by the towns Echuca, Barmah, Gunbower, Rochester, Moama, Lockington, Tongala and Mathoura	
5.	Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.	
6.	Not be a body corporate, company or any entity other than a person	
7.	Provide reasons for wishing to become a member.	
	bership Criteria (Associate Member) Provide Membership Contact Information in the table above.	Tick (✔) once completed
	Be 16 years of age, show one form of identification a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification	
3.	Be an Aboriginal and/or Torres Strait Islander person	
4.	Declare that you have family (who is a Full Member) that resides in the areas bounded by the towns Echuca, Barmah, Gunbower, Rochester, Moama, Lockington, Tongala, and Mathoura	
5.	Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.	
6.	Not be a body corporate, company or any entity other than a person.	
7.	Provide reasons for wishing to become a member.	
ecla	aration	f applicant),
. ,	for membership of the Njernda Aboriginal Corporation: Tick (✔)box III Member Declaration	, ,
ecla	 are that I am eligible to become a Full 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 the areas bounded by the towns Echuca, Gunbower, Rochester, Moama, Lockington, Tongala, Mathoura an 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
OR	
Tick (✔)box Associate Member Declaration	
Associate Melliber Declaration	
 I declare that I am eligible to become a Full Membe am over 18 years of age 	er and confirm that I:
 am an Aboriginal and/or Torres Strait Isla 	nder person
 have family who is a Full Member who towns Echuca, Barmah, Gunbower, Roc and Mathoura 	•
 will abide by the Rule Book, the Act and the 	
 will act in the best interests of the Corpora am not a body corporate, company or any 	
,,,	, ,
The reason/s I wish to become a member of Njerno	da Aboriginal Corporation are:
Signature of applicants	Deter
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
Directors enter name, address and date on register of members	Date:
Directors have sent notification of directors' decision to the applicant	Date: