



Aboriginal and Torres Strait Islander Corporation

Application for New Membership

Aboriginal: Torres Strait Islander:

Name: _____ DOB: _____

Home Address: _____

_____ Postcode: _____

Home Number: _____ Mobile Number: _____

Work Number: _____ Email Address: _____

Members of the Association shall be open to all Aboriginal and Torres Strait Islander persons who have attained the age of 18 and above, and who reside in the Greater Brisbane region.

I am of Aboriginal/Torres Strait Islander descent and wish to apply for membership to Gallang Place Aboriginal and Torres Strait Islander Corporation.

I agree to abide by the Rules of the Association of the Corporation and resolutions made by the Members of Association and Board of Directors.

Signature of Applicant: _____

Nominators: 1. _____ 2. _____

Acceptance of Application: Yes No

Date Application Lodged: _____/_____/_____

Date of meeting at which application was accepted: _____/_____/_____