



Gallang Place  
Aboriginal and Torres Strait Islander Corporation

**APPLICATION FOR NEW MEMBERSHIP**

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Place of Birth \_\_\_\_\_

Contact No. \_\_\_\_\_ Email \_\_\_\_\_

**Membership to the Corporation shall be open to all Aboriginal and or 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 and/or 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 Corporation and resolutions made by the Members and Board of Directors of the Corporation.

Signature of Applicant \_\_\_\_\_

Nominator 1 \_\_\_\_\_ Nominator 2 \_\_\_\_\_

**Acceptance of Application: Yes ☐ No ☐**

Date of meeting at which application was accepted \_\_\_\_\_

Level 2 / 57 Southgate Avenue, Cannon Hill QLD 4170 Tel: (07) 3899 5041 Fax: (07) 3899 5141

Postal Address: 1/57 Southgate Avenue, Cannon Hill QLD 4170

Email: [reception@gallangplace.org.au](mailto:reception@gallangplace.org.au)

Counselling for Aboriginal and Torres Strait Islander People

**All donations \$2 and over are tax deductible A.B.N. 71 168 539 263 ICN 2076**