

MEMBERSHIP APPLICATION FORM

Name of Society: WATHAURONG ABORIGINAL CO-OPERATIVE
Surname of Applicant
Given name or other names
Occupation
Address
Date of Birth Phone no
Email address
Date application filed
 I hereby apply - to be admitted as a member of the abovementioned Co-operative. In addition to my membership application I do/do not require a copy of the Organisations Rules at a further cost of \$5.00. If this application is approved, I agree to pay all charges required by the Co-operative, a list of which charges have been supplied to me and I agree to be bound by the rules of the Co-operative and by any amendments thereof registered in accordance with the abovenamed Act. I am over the age of sixteen (16) years being born on//
Please read the back of this form for membership requirements.
Dated theday of
Signature of applicant
Witnessed by member
Moved by Seconded by
(1 st Director's signature) (2 nd Director's signature)

To qualify for membership for the Wathaurong Aboriginal Co-operative you must be able to supply any two of the following documents:

- a diagram or written submission of the applicant's kinship links, being a family tree demonstrating parents, grandparents, aunts, uncles, cousins, etc.
- a letter or form signed under the registered seal from an Aboriginal organisation that is accepted by the Wathaurong Board of Directors;
- two references from Aboriginal elders from the applicant's birthplace or place of origin or location confirming identification of Aboriginality of the applicant.

Please write in the space below stating such skills, talents or qualifications that the applicant feels may be of benefit that they can contribute to the Co-operative.