



**GULF REGION
ABORIGINAL CORPORATION RNTBC**
ICN - 7139

APPLICATION FOR MEMBERSHIP FORM

I declare that I am eligible for membership of the Gulf Region Aboriginal Corporation RNTBC.

My **Primary Affiliation** is to: *[place a tick or cross next to one only]*

- | | |
|---|---|
| <input type="checkbox"/> Lardil People; | <input type="checkbox"/> Yangkaal People; |
| <input type="checkbox"/> Gangalidda People; | <input type="checkbox"/> Kaiadilt People; |

and my **Secondary Affiliation** is to: *[place a tick or cross next to any of the following]*

- | | |
|---|---|
| <input type="checkbox"/> Lardil People; | <input type="checkbox"/> Yangkaal People; |
| <input type="checkbox"/> Gangalidda People; | <input type="checkbox"/> Kaiadilt People; |
| <input type="checkbox"/> No Secondary Affiliation | |

First or Given Name: _____

Surname: _____

Date of Birth: _____

Place of Birth: _____

Residential Address

Postal Address

(if different from above)

Mobile: _____

Email: _____

I understand that rule 8.10 of the GRAC Constitution provides that the Board of Directors may seek further information relevant to the membership eligibility criteria to assist in the determination of my application for membership.

I consent to such information being sought.

Signed: _____ Date: _____

(Note: The rules relating to Membership of the Gulf Region Aboriginal Corporation RNTBC are set out under Rule 8 of the Constitution)

Administration use only

Membership passed: Yes / No

Date passed: _____

GRAC Director/Contact Person Signature: _____

Entered onto Register of Members: _____

Notification of Membership sent to Applicant: _____