Schedule 4 – Application for membership form

Barada Barna Aboriginal Corporation ICN

Application for membership (full names of applicant) I, (address of applicant) of apply for membership of the corporation on the grounds that I am a descendant of the Apical Ancestor _____ I declare that I am eligible for membership. I am:

Aboriginal and a member of the Barada Barna People

Torres Strait Signature of applicant Date **Contact Details** Email: Phone Number: Postal Address Date of Birth: All information needs to be completed and a copy of photo ID is to be attached with membership application or otherwise the application cannot be processed. Corporation use only Application received Date: Application tabled at directors' meeting held on Date: Yes / No Directors consider applicant is eligible for membership Directors enter name, address and date on register of Date:

Directors have sent notification of directors' decision to

members

the applicant

Date: