



RUMBALARA ABORIGINAL CO-OPERATIVE LTD APPLICATION FOR MEMBERSHIP

Please complete this form and return to Rumbalara Corporate at 31 Wyndham Street, Shepparton

I..... wish to apply to be a Voting Member of Rumbalara Aboriginal Co-operative Ltd.

I am an active member of the Community and agree to abide by the terms and conditions of Membership.

I am over the age of 18 years and am of Aboriginal and/or Torres Strait Islander descent.

Membership Criteria - please tick:

- I am of Aboriginal and/or Torres Strait Islander descent **AND**
- My **Certificate of Aboriginality** is attached **AND**
- I live within the **Rumbalara boundary** which consists of the local government area of **City of Greater Shepparton, Kyabram, Nathalia or Bearii.**

AND YOU MUST ALSO TICK AT LEAST ONE OF THE FOLLOWING BOXES:

- I or my children use the Rumbalara Medical Centre, OR;
- I receive home care via the Aged Care Program, OR;
- I attend at least one Elders luncheon per year conducted by the HACC program OR;
- I am a tenant of one of the Rumbalara houses or units OR;
- I am a Rumbalara Employee
- I pay an annual membership of \$5.00 (membership paid if person does not use services) or;

PERSONAL DETAILS

SURNAME:.....FIRST NAME:.....

D.O.B:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS:

LENGTH OF TIME AT THIS ADDRESS:.....

PH No:Mob.No:.....

EMAIL ADDRESS:.....

PLEASE TICK A BOX: ABORIGINAL DESCENT TORRES STRAIT ISLANDER DESCENT

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGN.....DATE.....

OFFICE USE ONLY	
Date Received ___ / ___ / ___	Receiving Officer _____
Application Approved <input type="checkbox"/> or Not Approved <input type="checkbox"/>	Date Approved / Not Approved ___ / ___ / ___
Applicant needs to provide 'Proof of Aboriginality' <input type="checkbox"/>	<input type="checkbox"/> Confirmation Letter,
Board of Directors Signatures: _____	Date ___ / ___ / ___