



ABN 47 145 916 168

ICN 4191

MEMBERSHIP APPLICATION

I desire to become a member of Taungurung Land and Waters Council

Name : _____

Address : _____

Phone : _____ Mobile : _____

Date of Birth : _____

Email : _____

Preferred method of contact : _____

In the event of my admission as a member, I agree to be bound by the rules of TLaWC.

Applicant's Signature : _____ Date: _____

Taungurung Family Group : _____

Please provide a brief statement of your family connection to the Taungurung Nation.



I, _____, a member of TLaWC,
nominate the applicant, who is personally known to me, for membership of the Council and
confirm that to the best of my knowledge the applicant meets the eligibility criteria for membership.

Signature of nominator : _____ Date : _____

Board Acceptance

I, _____, a TLaWC Director hereby confirm
acceptance of the applicant as a TLaWC member pursuant to decision of the TLaWC Board
at a meeting held : ____/____/____

Signature : _____