



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 : _____ Male Female

Email address: _____

Preferred method of contact : _____

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

Signature of Applicant: _____ Date: _____

Relevant Details:

Taungurung Family Group : _____

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



Have you supplied a Family Tree? Yes No

Please provide below details of your involvement in the Taungurung/Aboriginal Community (if any):

Are you a member of any other Traditional Owner Corporation/Nation? Yes No

If yes, which:



Nomination by existing TLaWC member

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

Signature of nominator : _____ Date : _____

Other Taungurung Member Referees*

Member 1

Member 2

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

*Referees must be separate to the nominator. This is to help TLaWC community engagement staff to get a better understanding of your connection to Taungurung Country and the relevant family groups.

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: _____