



APPLICATION FOR MEMBERSHIP

I desire to become a member of Taungurung Clans Aboriginal Corporation.

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 below a brief statement of your family connection to the Taungurung nation:



Nomination by existing TCAC 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: _____

Board acceptance

I, _____ a TCAC Director hereby confirm

acceptance of the applicant as a TCAC member pursuant to decision of the TCAC Board at a meeting

held: ____/____/____.

Signature: _____