



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.

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Have you supplied a Family Tree? Yes  No

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

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

If yes, which:

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**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: \_\_\_\_\_