

Mungabareena Aboriginal Corporation  
21 Hovell Street, Wodonga Vic 3690  
PO Box 1535, Wodonga Vic 3689  
Telephone: 02 60 2475 99  
Fax: 02 60 56 03 76  
ICN: 2195  
ABN: 76570654514



## Mungabareena Aboriginal Corporation Membership Application Form

**Full Name:** \_\_\_\_\_

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

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

**Proof of Aboriginality:** \_\_\_\_\_

Apply to become a member of Mungabareena Aboriginal Corporation.

In the event of my admission as a member, I agree to be bound by the rules and policies of the association and treat all staff with respect.

\_\_\_\_\_  
Signature Of Applicant

Date

I, \_\_\_\_\_, a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

\_\_\_\_\_  
Signature Of Proposer

Date

I, \_\_\_\_\_, a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

\_\_\_\_\_  
Signature Of Seconder

Date

**OFFICE USE:**

**Application received** \_\_\_/\_\_\_/\_\_\_

**APPROVED: YES/NO**

**MOVED BY:** \_\_\_\_\_  
**BY:** \_\_\_\_\_

**SECONED**

**CARRIED: YES/NO**

**MEETING DATE:** \_\_\_/\_\_\_/\_\_\_

**MOTION NUMBER:** \_\_\_\_\_