New Membership Application Form for Local Aboriginal Land Council (LALC)



PLEASE USE BLOCK LETTERS

	Personal Details: (PLEASE USE	BLOCK LETTERS)		
	Title (Mr, Ms, Mrs, etc.):	First Name:		
Important	Middle Name(s):	Surname:		
	Known by Any Other Names: (If applicable)			
As per Section 54 of the Aboriginal Land Rights Act 1983 (ALRA) any person wishing to join a Local Aboriginal Land Council should complete this form and submit it to the Local Aboriginal Land Council (LALC) they wish to join.	Date of Birth: (dd/mm/yyyy)		Sex: (Circle one)	Male or Female
	Email Address: (Optional)	y cynyddiodythwyddiod gyddiodyr ar Cartaro eu ei cael o C		A 47 CO TO CHENGING HAT SO THIS HAT BEING HAD BEING HOUSE
	Contact Number: (Optional)			
	Residential Address: (Required - PLEASE USE BLOCK LETTERS)			
	Street Number	Street Name:		
	Suburb/Town:	ENGLY HAD THANKS VOLUME TO SEE STATES	Postcode:	
(EALO) they wan to join.				
Please fill out the details on the back of this form.	Postal Address: (If different from residential address - PLEASE USE BLOCK LETTERS)			
	Street Number and Name or P.O Box:			
	Suburb/Town:		Postcode:	
	Please set out the basis upon which you assert your Aboriginal descent: (Required) (Attach additional information if necessary)			
		I owner (as listed on the Register on to land within the area of the LALC?		Yes or No
	Do you reside within the LALC	C Boundaries? (Circle one)		Yes or No
	If no, please set out the basis of your association to the LALC area: (Attach additional information if necessary)			
	Do you wish to join the LALC as Non-Voting Member? (Circle on	SAME THE RESERVE AND THE PROPERTY OF THE PROPE	oting Member or No	n-Voting Member
	Are you a Voting Member of an	y other LALC ? (Circle of	one)	Yes or No
	If yes, please indicate whi	ch LALC(s):		

Are you a Non-Voting Member of any other LALC? (Circle one)

If yes, please indicate which LALC(s):

Name of the LALC you wish to join:

I hereby declare that:

I have attained the age of 18 years; and I am a member of the Aboriginal race of Australia; and I identify as an Aboriginal; and I am accepted by the Aboriginal Community as an Aboriginal; and I reside within the LALC area, or have an association with the area (as described).

APPLICANT'S SIGNATURE

DATE:

Yes or No