

RUMBALARA ABORIGINAL CO-OPERATIVE LTD APPLICATION FOR MEMBERSHIP

*Please complete this form and return to Rumbalara at 20 Rumbalara Rd
Mooroopna.*

I..... wish to apply to be a Voting Member of Rumbalara Aboriginal Co-operative Ltd.
I am an active member of the Community and agree to abide by the terms and conditions of Membership.
I am over the age of 18 years and am of Aboriginal and/or Torres Strait Islander descent.

Membership Criteria - please tick:

- ☐ I am of Aboriginal and/or Torres Strait Islander descent **AND**
- ☐ My **Certificate of Aboriginality** is attached **AND**
- ☐ I live within the **Rumbalara boundary** which consists of the local government area of **City of Greater Shepparton, Kyabram, Nathalia or Bearii.**

AND YOU MUST ALSO TICK AT LEAST ONE OF THE FOLLOWING BOXES:

- ☐ I or my children use the Rumbalara Medical Centre, OR;
- ☐ I receive home care via the Aged Care Program, OR;
- ☐ I attend at least one Elders luncheon per year conducted by the HACC program OR;
- ☐ I am a tenant of one of the Rumbalara houses or units OR;
- ☐ I am a Rumbalara Employee
- ☐ I pay an annual membership of \$5.00 (membership paid if person does not use services) or;

PERSONAL DETAILS

SURNAME:.....**FIRST NAME:**.....

D.O.B:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS:

LENGTH OF TIME AT THIS ADDRESS:.....

PH No:**Mob.No:**.....

EMAIL ADDRESS:.....

PLEASE TICK A BOX: ABORIGINAL DESCENT ☐ TORRES STRAIT ISLANDER DESCENT ☐

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGN.....**DATE**.....

OFFICE USE ONLY

Date Received ____ / ____ / ____

Receiving Officer _____

Application Approved ☐ or Not Approved ☐

Date Approved / Not Approved ____ / ____ / ____

Applicant needs to provide 'Proof of Aboriginality' ☐

☐ Confirmation Letter, membership card and information

Board of Directors Signatures:

booklet sent to applicant

Date ____ / ____ / ____