



**APPLICATION FOR MEMBERSHIP  
TAGALAKA ABORIGINAL CORPORATION RNTBC ICN 2272  
FOR INDIVIDUALS**

**TO: The Directors, Tagalaka Aboriginal Corporation RNTBC**

I am applying for:  Application for Membership  
 Change of Address/Contact Details (Q.1 only)

**1. Applicant/Member**

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

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

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

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

**Preferred Method of Contact:** \_\_\_\_\_

**I am over the age of 18:** YES  NO  **Date of Birth:** \_\_\_\_\_

**2. My Apical Ancestor is:** *(this form will not be considered valid unless signed by the Applicant and a box ticked to confirm the applicable apical ancestor).*

- |   |  |
|---|--|
| <input type="checkbox"/> Nelly Robertson (nee Grogan) | <input type="checkbox"/> Edith Echo;                       |
| <input type="checkbox"/> Edith Sargent                | <input type="checkbox"/> Charlie Hayes (aka Short Charlie) |
| <input type="checkbox"/> Herbie East                  | <input type="checkbox"/> Topsy Cane (aka Topsy Owens)      |
| <input type="checkbox"/> Jack Fortune;                | <input type="checkbox"/> Left Hand Charlie                 |

**Name of Father:** \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_ **Maiden name:** \_\_\_\_\_

**Name of Grandfather:** \_\_\_\_\_

**Name of Grandmother:** \_\_\_\_\_

**By signing this form, I agree to be bound by the Rules of the Corporation and consent to be a Member.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Office Use Only:**

Date application tabled at directors meeting:		Resolution No:
Signature of Director: _____		Signature of Director: _____
Print Name: _____		Print Name: _____
Entered on Register:	Entered by:	Signature: