

WINDA-MARA ABORIGINAL CORPORATION

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Heywood VIC 3304
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ABN 71 636 105 116
ICN 1239

M1

MEMBERSHIP APPLICATION FORM

v2.5 29 May 2023

Complete ALL parts of this application form
This form will be considered at the Director's Meeting
You will be notified of the outcome
This form will be kept on file at WMAC

Applicant Name: _____ Application Date: _____

Date of Birth: _____ Place of Birth: _____

Full address: _____

Contact Number _____ Email: _____

I am applying for a **VOTING MEMBERSHIP** of Winda-Mara Aboriginal Corporation, and I qualify for a Voting Membership based on the following criteria:

Criteria 1	<input type="checkbox"/>	At least 18 years of age
Criteria 2	<input type="checkbox"/>	Aboriginal and/or Torres Strait Islander (<i>Proof may be required</i>), or
	<input type="checkbox"/>	A parent/guardian of an Aboriginal and/or Torres Strait Islander child
Criteria 3	<input type="checkbox"/>	A resident within 65km radius of Heywood for the past 6 months
Criteria 4	<input type="checkbox"/>	At the absolute discretion of the Board, a former member residing within 65km radius of Heywood may be accepted
Criteria 5	<input type="checkbox"/>	At the absolute discretion of the Board, an application for membership for any individual, subject to eligibility residing outside of the 65 km radius of Heywood can be accepted as a member

Applicant Signature: _____ Date: _____

Membership Application considered by the Board of Directors	
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Meeting Date: _____
Moved by:	_____ Seconded by: _____
Date application recorded and filed:	_____ (Administration only)