



Schedule 2 - Application for membership form

YORTA YORTA NATION ABORIGINAL CORPORATION

Application for membership

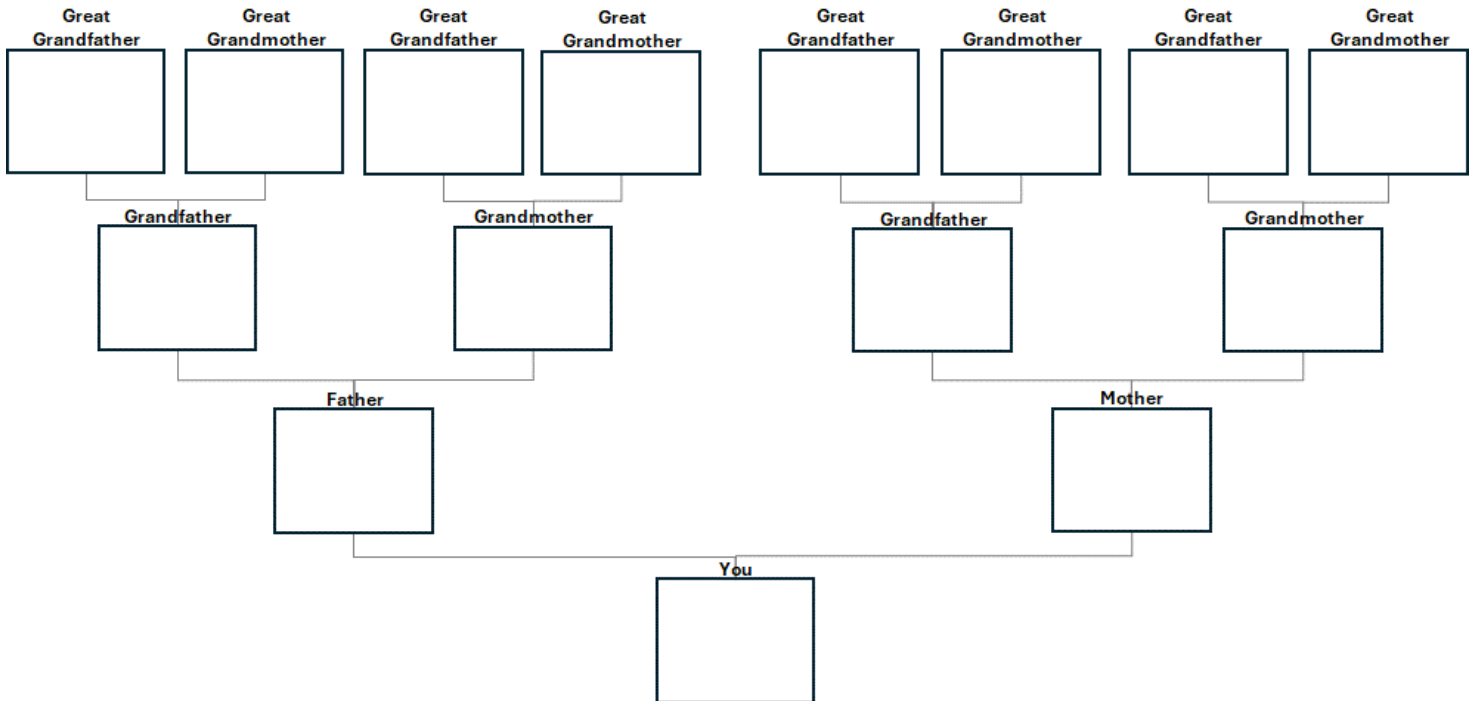
ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Section A - Membership Information

First Name:	
Middle Name/s:	
Last Name:	
Address:	
Suburb:	
State:	
Postcode:	
Date of Birth:	
Mobile Phone:	
Email Address:	
Preferred contact method:	<input type="checkbox"/> Email <input type="checkbox"/> SMS/Text <input type="checkbox"/> Post
Are you recognised as Yort Yorta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify with any other Traditional Owner Group/s	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state the names of those Traditional Owner Groups	
Identification Documents	<i>Attach a copy of your birth certificate if possible. If you do not have a birth certificate, attach a copy of your driver's licence or other identification.</i>



Section B - Family Tree (Please complete as much of the following information as possible)



Section C - Family Group

I am recognised as a member of the following Family Group and I understand that I can identify with only one Family Group for the purposes of applying for membership.

IMPORTANT (Please select **one (1) box only** with a ✓)

Family	Primary Affiliation
Aaron Atkinson / Louise Frost	<input type="checkbox"/>
Elizabeth Atkinson	<input type="checkbox"/>
John Atkinson / Emma Murri	<input type="checkbox"/>
Edgar Atkinson	<input type="checkbox"/>
William Cooper	<input type="checkbox"/>
Robert Cooper	<input type="checkbox"/>
Ada Cooper	<input type="checkbox"/>
Fred Walker / Sarah Walker	<input type="checkbox"/>
Bagot Morgan / Lizzie Walker	<input type="checkbox"/>
Alf Morgan	<input type="checkbox"/>
Tommy McCrae	<input type="checkbox"/>
Maggie Toodle-Toolanyagan / George Middleton	<input type="checkbox"/>
Annabella Howard	<input type="checkbox"/>
Jack Cooper / Mary Abbott Brangy	<input type="checkbox"/>
Maggie Stone / Nelson	<input type="checkbox"/>
Jenny Charles	<input type="checkbox"/>



Section D - Signing

I, _____ (Full name of applicant),

apply for membership of the Yorta Yorta Nation Aboriginal Corporation.

I further declare and agree that I will:

- in good faith and to the best of my abilities, abide by the Rules of the Corporation and the Code of Conduct outlined in the schedule for the Rule Book;
- will at all times act in the best interests of the Corporation.

I declare that I am eligible for membership and have a Primary Family Group Affiliation:

Signature of applicant: _____ Date: _____

Section E - Endorsement by Family Group Elder

Nominations for membership are to be endorsed by an Elder of that Family Group who is a member of the corporation.

Endorsed by:

Name of Elder from Family Group:	
Signature of Elder:	
Date:	

Section F - Membership Criteria

	Tick (✓) once completed
1. Provide Membership Information in the table above.	<input type="checkbox"/>
2. Be 18 years of age, show one form of identification a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification	<input type="checkbox"/>
3. Identify to one Family Group.	<input type="checkbox"/>
4. Declare you will abide by the Rule Book, Code of Conduct and act in the best interest of the Corporation.	<input type="checkbox"/>
5. Confirm you are a Yorta Yorta person and/or recognised as a Yorta Yorta person.	<input type="checkbox"/>
6. Have application endorsed by Elder of your Family Group.	<input type="checkbox"/>

Membership Application Process

On completion of your membership form, please return to Yorta Yorta Nation Aboriginal Corporation in person, post or via email at:

In Person: 35 Schier Street
Barmah VIC 3639

In Post: PO Box 1363
Shepparton Vic 3632

Via email: reception@yynac.com.au



OFFICE USE ONLY

DATE APPLICATION IS RECEIVED AT YYNAC	DATE:	SIGNED:
EMAIL ACKNOWLEDGEMENT OF RECEIPT OF APPLICATION SENT TO APPLICANT	DATE:	
MEMBERSHIP CRITERIA COMPLETE	YES:	NO/ MORE INFORMATION:
APPLICATION REVIEWED BY COUNCIL OF ELDERS MEETING	YES:	NO:
APPLICATION TABLED AT BOARD OF DIRECTORS MEETING	DATE:	SIGNED:
DIRECTORS CONFIRMED APPLICANT IS ELIGIBLE FOR MEMBERSHIP	YES:	NO:
ENTERED ON REGISTER OF MEMBERS	DATE:	SIGNED:
YYNAC LETTER SENT TO APPLICANT	DATE:	SIGNED: