



Indigenous Tasmanians Aboriginal Corporation

Phone: 03) 62284644

Fax: 03) 62284655

Email: itachousing@itachousing.com.au

14 Pierce Street, Moonah TAS 7009

GPO Box 690, Moonah TAS 7009

MEMBERSHIP APPLICATION

I hereby apply for admission as a member of the INDIGENOUS TASMANIANS ABORIGINAL COPORATION.

DECLARATION:

I am an Aboriginal person who is at present permanently living in Tasmania.

Name: _____

Address: _____ Post code: _____

Date of Birth: _____

If my application is accepted, I agree to abide by the rules of the Corporation.

Signature of Applicant

_____/_____/_____
Date

Please List three (3) Aboriginal people, not immediate family who know you to be Aboriginal or Torres Strait Islander person

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

N.B: Common Seal of another Corporation or a Statutory Declaration Confirming aboriginality to accompany this application.

FOR COMMITTEE USE ONLY:

Application: Accepted/Rejected

If rejected, reason:

Executive:



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CONFIRMATION OF ABORIGINALITY/ TORRES STRAIT ISLANDER DESCENT AND ADULTHOOD

This form is to be used to confirm that the person applying for membership of the Indigenous Tasmanians Aboriginal Corporation is of Aboriginal/Torres Strait Islander descent and is over the age of 18 Years.

It is hereby confirmed by:

(An Aboriginal/Torres Strait Islander Corporation or other incorporated/Statutory
Aboriginal/Torres Strait Islander body)

That _____ is of Aboriginal/Torres Strait Islander
descent and is over the age of 18 Years.

Signature of applicant: _____ Date: _____

Authorised By:

Name: _____ Signature: _____

Position: _____ Date: _____

Common Seal:



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