



**RUMBALARA**  
ABORIGINAL CO-OPERATIVE LTD.

## RUMBALARA ABORIGINAL CO-OPERATIVE LTD APPLICATION OF FOR MEMBERSHIP

I..... wish to apply to be a Voting Member of Rumbalara Aboriginal Co-operative. 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. **Membership Criteria – you must tick at least on box**

- To pay an annual membership of \$5.00 (membership paid if person does not use services and or;
- To attend the Rumbalara Medical Centre or receive home care via the Aged Care Program
- To attend one Elders luncheon per annum conducted by the HACC program
- To be a tenant of one of the Rumbalara houses or units and not be in arrears with rent
- A Rumbalara Employee

### PERSONAL DETAILS

NAME:.....

D.O.B:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS: .....

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

PLEASE TICK BOX:

ABORIGINAL DESCENT

TORRES STRAIT ISLANDER DESCENT

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGN.....DATE.....

<b>OFFICE USE ONLY</b>	
Date Received	___/___/___
Applicant Approved	<input type="checkbox"/>
Not Approved	<input type="checkbox"/>
Receiving Officer	_____
Date of Board of Directors Approval	_____
Approved Signatures:	_____