

Mungabareena Aboriginal Corporation
21 Hovell Street
PO Box 1535
WODONGA VIC 3689
Ph: 02 6024 7599
Fax: 02 6056 0376



Mungabareena Aboriginal Corporation Associate Membership Application Form

Full Name: _____

Address: _____

Phone: _____

Proof of Aboriginality: _____

Apply to become a member of Mungabareena Aboriginal Corporation.
In the event of my admission as a member, I agree to be bound by the rules and policies of the association and treat all staff with respect.

Signature Of Applicant

Date

I, _____, a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

Signature Of Proposer

Date

I, _____, a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

Signature Of Seconder

Date

OFFICE USE:

Application received __/__/__

APPROVED: YES/NO

MOVED BY: _____

SECONED BY: _____

CARRIED: YES/NO

MEETING DATE: __/__/__

MOTION NUMBER: _____

