

Local Aboriginal Land Council
DARKINJUNG

MEMBERSHIP APPLICATION CHECK LIST

(If any of the information below is not submitted your application cannot be processed)

Date Submitted: _____

FIRST NAME: _____

SECOND NAME: _____

Photo Identification:

Birth Certificate:

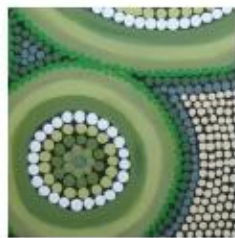
Supporting Letter from Related Family Member who is a Current DLALC Member

Supporting Letter from 2 Current DLALC Members (Non Related)

Supporting Letter from Other Source or Organisation

Any other relevant information e.g. other Land Councils

Family Tree



Local Aboriginal Land Council DARKINJUNG

1 168 Pacific Highway Watanobbi, NSW 2259 | PH: 02 4351-2930 | FX: 02 4351-2946 | EMAIL: darkinjung@dlalc.org.au |

Application for membership of Darkinjung Local Aboriginal Land Council

Please do not submit your application without all required information.

NAME	
ADDRESS	POST CODE
PHONE/MOBILE	
DATE OF BIRTH	
EMAIL	

SIGNATURE:

DATE:

Mandatory Information Required;

Please note that unless all information mentioned below has been submitted your application will not be submitted.

- Family history.**
- Birth Certificate.**
- Photo Identification (Drivers Licence, RTA Photo Card, Passport).**
- Supporting Letter from Current Darkinjung LALC Member whom you are related to.**
- Supporting letter from two Current Darkinjung LALC members**
(This letter must state the relationship, how long they have known you, and that you identify as an Aboriginal person in the community)
- Supporting letter from other source**
(School, College, Community organisation stating your relationship and how long they have known you and that you identify as an Aboriginal Person within the community.
- Any other relevant information such as letters from other Land Councils.**

Your application will be reviewed and submitted to the Darkinjung LALC Board for approval. If you require any further information, please contact Darkinjung LALC on 02 4351-2930 between 8:30am – 4:30pm Monday – Friday.

New Membership Application Form for Local Aboriginal Land Council (LALC)



OFFICE OF THE REGISTRAR
ABORIGINAL LAND RIGHTS ACT 1983 (NSW)

11-13 Mansfield Street
Glebe NSW 2037
PO Box 112, Glebe NSW 2037
P. 02 9562 6327 F. 02 9562 6350

Important

As per Section 54 of the Aboriginal Land Rights Act 1983 (ALRA) any person wishing to join a Local Aboriginal Land Council should complete this form and submit it to the Local Aboriginal Land Council (LALC) they wish to join.

Please fill out the details on the back of this form.

PLEASE USE BLOCK LETTERS

Name of the LALC you wish to join:

Personal Details: *(PLEASE USE BLOCK LETTERS)*

Title (Mr, Ms, Mrs, etc.): First Name:

Middle Name(s): Surname:

Known by Any Other Names: *(If applicable)*

Date of Birth: (dd/mm/yyyy) Sex: *(Circle one)* Male or Female

Email Address: *(Optional)*

Contact Number: *(Optional)*

Residential Address: *(Required - PLEASE USE BLOCK LETTERS)*

Street Number Street Name:

Suburb/Town: Postcode:

Postal Address: *(If different from residential address - PLEASE USE BLOCK LETTERS)*

Street Number and Name or P.O Box:

Suburb/Town: Postcode:

Please set out the basis upon which you assert your Aboriginal descent: *(Required)*
(Attach additional information if necessary)

Are you a registered Aboriginal owner (as listed on the Register of Aboriginal Owners) in relation to land within the area of the LALC? Yes or No

Do you reside within the LALC Boundaries? *(Circle one)* Yes or No

If no, please set out the basis of your association to the LALC area:
(Attach additional information if necessary)

Do you wish to join the LALC as a Voting or Non-Voting Member? *(Circle one)* Voting Member or Non-Voting Member

Are you a Voting Member of any other LALC ? *(Circle one)* Yes or No

If yes, please indicate which LALC(s):

Are you a Non-Voting Member of any other LALC ? *(Circle one)* Yes or No

If yes, please indicate which LALC(s):

I hereby declare that:

**I have attained the age of 18 years; and
I am a member of the Aboriginal race of Australia; and
I identify as an Aboriginal; and
I am accepted by the Aboriginal Community as an Aboriginal; and I reside within the LALC area, or have an association with the area (as described).**

APPLICANT'S SIGNATURE

DATE:

LALCs should supply the following information to the Registrar ALRA regarding new member applications so that the voting status of the new members can be authorised.

FOR USE OF LALC ONLY - (PLEASE USE BLOCK LETTERS)

A membership application from

was considered at a meeting of LALC.

Date of LALC Meeting

Minute Number of Meeting: *(If applicable)*

Result: *(Circle One)* Accepted as a Member / Not Accepted as a Member

Date new member entered on LALC roll

Signed by Chief Executive Officer only

PLEASE USE BLOCK LETTERS

Name:

Signature:

Date:

For **new** members who want to be voting members of the LALC

s.54 (3) (c) NOTICE

To become a voting member all applicants must obtain a s.54 (3) (c) notice from the Office of the Registrar, ALRA which declares that the applicant is not a voting member of any other Land Council. *(Please select from one of the following)*

- Please issue a s. 54 (3) (c) notice for this applicant.
- A s.54 (3) (c) notice has been received from the applicant and is attached to this form.

For **new** members who **are** voting members at another LALC and want to change their voting rights.

s.56 (5) NOTICE

Voting members of another Council wanting to change the Council at which they vote must notify the Registrar ALRA of the change and obtain a 56 (5) notice. *(Please select from one of the following)*

- Please issue a s.56 (5) notice for this applicant.
- A s.56 (5) notice has been received from the applicant and is attached to this form.