

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



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

Level 3, 2-10 Wentworth Street
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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: