



**Moorditj Koort Aboriginal Corporation**  
**ICN 7702**  
**Application for Membership**

This application is for:  New Membership  Membership Renewal

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Preferred method of correspondence  Post  E-Mail

I, \_\_\_\_\_ (print name) declare that I am eligible for membership.

I am:  Aboriginal  Torres Strait Islander

Neither Aboriginal nor Torres Strait Islander (consideration for Associate Member only)

If this is a new membership, please provide details relating to your family connection below or by attaching a copy of your family tree or Proof of Aboriginality form:

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**All the above must be completed, if not this application will not be accepted.**

**Corporation Use Only:**

Application received	Date:
Application tabled at Directors' meeting	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date:
Applicant notified of Directors' decision	Date:

Signature of Chair: \_\_\_\_\_ Date: \_\_\_\_\_