



Application for Membership

Membership Eligibility

Membership of the NORTH QUEENSLAND LAND COUNCIL NATIVE TITLE REPRESENTATIVE BODY ABORIGINAL CORPORATION shall be open to all adult Aboriginal persons:

1. who identify as Aboriginal, or who are accepted into the community as such, and who are normally permanently residing in the 'Area' of the Corporation as defined in the Rules; or
2. who are members of a Traditional Language or Clan Group within the 'Area' of the Corporation as defined in the Rules.

Please supply as much information as possible. If the Board has insufficient material to enable it to satisfy itself that you qualify under the rules, your application may be delayed whilst the Board seeks further information.

No guarantee is made as to the date upon which your application can be processed.

Name of Applicant: _____ Date of Birth: _____
Firstname Surname (incl. maiden name if applicable)

Home Address: _____
No. Street Suburb State Postcode

Postal Address: _____
(If different from home) No. Street Suburb State Postcode

Phone Numbers: _____
Home Work Mobile

Email address: _____ Family Group: _____

Traditional Owner Group / Language / Clan: _____

I DECLARE that I am eligible for membership of the NORTH QUEENSLAND LAND COUNCIL NATIVE TITLE REPRESENTATIVE BODY ABORIGINAL CORPORATION and pledge to abide by the Rules of Corporation.

Signature of Applicant Date signed

Please send completed form to either of the following:  reception@nqlc.com.au

 PO Box 679, Cairns North, QLD 4870

OFFICE USE ONLY TO BE COMPLETED BY NQLCNTRBAC

Date Received: ____/____/____

Register Updated: ____/____/____

Resolution No.: _____

Date Approved/Declined: ____/____/____

Updated By: _____

Signature of Chairperson

Signature of Director