

# Application for Membership Form

## APPLICATION FOR MEMBERSHIP

Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth)

BUTCHULLA NATIVE TITLE ABORIGINAL CORPORATION (BNTAC) RNTBC

To apply for membership of the Butchulla Native Title Aboriginal Corporation (BNTAC) RNTBC (the Corporation), please complete the form below and provide to: (The BNTAC Office see contact details at the end of this form.)

<i>(first or given names):</i>	
<i>(surname):</i>	
<i>Any other names that you may have been known by:</i>	

of

Address: (physical)	
Postal Address:	
Place of Birth:	
Date of Birth:	
Email Address:	
Phone Number:	

hereby apply for membership of the **Butchulla Native Title Aboriginal Corporation (BNTAC)** RNTBC.

Please nominate one (1) Family Group to which you belong to, this will be your **Nominated** Family Group under which you will be entitled to vote for the purpose of your membership: *(please tick ✓)*

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<input type="checkbox"/> Sandycapc (Doolan / Walker / Freeman) Family Group <input type="checkbox"/> Aldridge / Blackman Family Group <input type="checkbox"/> Richards Family Group <input type="checkbox"/> Owens Family Group <input type="checkbox"/> Wonamutta Family Group <input type="checkbox"/> Brown Family Group	<input type="checkbox"/> Gundy Family Group <input type="checkbox"/> Wondunna Family Group <input type="checkbox"/> Dalungdalee Family Group <input type="checkbox"/> Bennett Family Group <input type="checkbox"/> Coulson Family Group <input type="checkbox"/> Dundabarra / Broome Family Group <input type="checkbox"/> Wheeler Family Group
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<i>I am the biological descendant of:</i>	
<i>I advise that I am the child of: (name of parent/s)</i>	
<i>I advise that I am the grandchild of: (name of grandparent/s)</i>	
<i>I advise that I am the great grandchild of: (name of great grandparent/s)</i>	
<i>My siblings are: (name/s of siblings)</i>	
<i>My children are: (name/s of children)</i>	
<i>My grandchildren are: (name/s of grandchildren)</i>	

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I, [ insert name ]

confirm the following:

- a) I am 18 years of age or older;
- b) I am a Butchulla (*Badtjala*) person;
- c) The information submitted in this application is true and correct to the best of my knowledge and I understand that any false statements may result in denial or revocation of my membership with the Corporation;
- d) That I consent for the Corporation using the information provided by me in this form for the purpose of making decisions relating to my membership application, and to update and maintain the Corporation's genealogical and membership database, and for any other purpose at the discretion of the Corporation to assist the Corporation to perform its functions and duties; and
- e) That I agree to abide by the Rules of the Corporation and I agree to abide by any Code of Conduct adopted by the Corporation.

<b>Signature of Applicant:</b>		<b>Date:</b>
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## Send Membership Application Form to:

**Email:** [administrator@butchullantac.org.au](mailto:administrator@butchullantac.org.au)

Or simply drop it into our office.

## For More Information:

If you have any questions, feedback, or require assistance, please do not hesitate to reach out to our team. You can contact us by phone, email, or visit our office at the University of the Sunshine Coast, Fraser Coast Campus, Building C, Office 1.11.

**Phone:** 07 4338 7600 **Email:** [administrator@butchullantac.org.au](mailto:administrator@butchullantac.org.au)

**Website:** [www.butchullantac.org.au](http://www.butchullantac.org.au)