



KOKATHA ABORIGINAL CORPORATION RNTBC (ICN 8093)

SCHEDULE 4

MEMBERSHIP APPLICATION FORM

Rule 5.2.1(b)

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

KOKATHA ABORIGINAL CORPORATION RNTBC ICN 8093

PART A: Applicant Details

DATE OF APPLICATION	
TITLE (Mr. Mrs. Miss.)	
NAME	
MIDDLE	
SURNAME	
DATE OF BIRTH	
ADDRESS	
SUBURB	
STATE & POST CODE	
EMAIL	
PHONE NUMBER	
KNOWN BY ANY OTHER NAME	

Please ensure that **ALL** details and sections are filled out correctly with as much information as possible.

Is your parent a registered Kokatha member? (Please tick) Yes No

If yes, what is the full name of the parent _____



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PART B: Nguraritja

In applying for membership of Kokatha Aboriginal Corporation RNTBC (ICN: 8093), I declare that I am eligible for membership because:

I am **18 years of age or older** (see date of birth)

and

I identify as *nguraritja* for sites and places in the Kokatha Determination Area by reason of **one or more** of the following:

(a) I am descended through birth or adoption from one of the following persons:
(please tick and provide details as applicable)

Name	Details of relationship
<input type="checkbox"/> Alma Allen	
<input type="checkbox"/> Arthur Baker	
<input type="checkbox"/> Hilda Captain	
<input type="checkbox"/> Susie Captain	
<input type="checkbox"/> Andrew Davis	
<input type="checkbox"/> Percy Davis	
<input type="checkbox"/> Stanley Davis	
<input type="checkbox"/> Ted Egan	
<input type="checkbox"/> Micky Fatt	
<input type="checkbox"/> Gladys Kite	
<input type="checkbox"/> Ted Larkins	
<input type="checkbox"/> Mick Reid	
<input type="checkbox"/> George Reid	
<input type="checkbox"/> William Smith	
<input type="checkbox"/> Dick Thomas	
<input type="checkbox"/> Edie Thomas	
<input type="checkbox"/> George Turner	
<input type="checkbox"/> Wild Mary	
<input type="checkbox"/> Eileen Wingfield	



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- (b) I have an ancestral connection with the Kokatha Determination area because my parent or grandparent was born in the Determination Area, had a long term physical association with that country and/or possesses significant geographic and cultural knowledge relating to the Determination Area.

Parent <u>and</u> Grandparent's name(s)	Place of birth	Details of physical association and/or geographical or cultural knowledge relating to the Determination Area

- (c) I was born on the Determination Area (or would have been, if I was not born in a hospital).

Place of birth: _____

OR

Place I would have been born, if not in a hospital: _____

- (d) I have had a long-term physical association with the Determination Area and have consequent knowledge of the country.

Period of association with the Determination Area	Nature of association	Consequent knowledge of country

Details of any attendance at cultural events, funerals, Kokatha community meetings and other matters which might indicate physical association and/or cultural knowledge.



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- (e) I possess significant geographical and culturally-confidential religious knowledge relating to the Determination Area under Kokatha traditional law and custom:

Yes

No

Names and contact details of at least TWO persons who can confirm that I hold the relevant knowledge

Name:	Contact details:

- (f) Other information relevant to the application for membership (for e.g. family tree):



PART C: Nominations & Acknowledgment

The information provided on this application form refers to the requirement for an applicant to be accepted by the native title holders as *nguraritja* in relation to the Determination Area on the basis of the information available in relation to this application.

If required, additional information and/or an interview (by phone or in person) may be requested of the applicant and/or the nominating members in order to confirm the applicant's eligibility for membership.

Determination as to your eligibility for membership of the Kokatha Aboriginal Corporation automatically means your status as a Common Law Holder is also determined, and if confirmed your details will be added to the Corporation's Common Law Holder Register.

You must ensure your contact details remain current at all times to retain any membership status afforded to you.

By signing this form you acknowledge and accept the above requirements.

Applicant signature

Name of nominating member #1

Signature

Name of nominating member #2

Signature



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Office use only

Application tabled at director's meeting held	Date:
Additional information requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interview requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of request:	Date received/interview:
Directors' decision whether applicant is eligible for membership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of notification of Directors' decision to applicant	Date:
Culture and Heritage Committee (CHC) decision whether applicant is eligible for membership? (only required if referred to the CHC by the Directors)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Common Law Holders meeting decision whether applicant is eligible for membership? (only required if CHC above declined the application)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of decision by Common Law Holders	Date:
Entered on register of members	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date:
Entered on register of common law holders	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date:
Entered on ORIC	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date: