



ABN: 77644 522 576

10 King Street SMITHTON
PO Box 335
SMITHTON TAS 7330
Phone: 03 6452 1287
Fax: 03 6452 1187
Email: membership@chac.com.au
Web: www.chac.com.au
ICN: 1997

Circular Head Aboriginal Corporation Membership Nomination Form

Full Name of Applicant:

.....

Address:

.....

Phone:

Email:

.....

Date:

Signature of Applicant

I, a current Aboriginal or Torres Strait Islander [ATSI] financial member of the Circular Head Aboriginal Corporation, nominate the applicant, who is personally known to me, for membership of the organisation.

.....

Date:

Signature of Proposer

I, a current Aboriginal or Torres Strait Islander [ATSI] financial member of the Circular Head Aboriginal Corporation, nominate the applicant, who is personally known to me, for membership of the organisation.

..... Date:

Signature of Seconder

This document is a written statement that allows a person/s to declare something to be true. When signing this document, you are declaring that the statements in it are true. If you intentionally make a false statement, you can be charged with an offence.

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FOR MEMBERSHIP REVIEW PANEL ONLY

Documents Supplied

Full Birth Certificate	Yes	No
Family Tree	Yes	No

Review Confirmation

Pioneer Index Identified	Yes	No
and/ or		
AAT – Person of Aboriginal Race of Australia <i>(certificate or link to that person)</i>	Yes	No

Review Confirmation Notes

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Follow Up Actions

<i>More information required?</i>	Yes	No
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Additional Information Follow Up

Requested	/	/20
Received	/	/20
Reviewed By Panel	/	/20

Decision

Approved	<input type="checkbox"/>	Date:
Not Approved	<input type="checkbox"/>	Date:

Refusal reason (if applicable):

.....

.....

.....

Signed:	Review Panel Member
Signed:	Review Panel Member
Signed:	Review Panel Member
Signed:	Review Panel Member