



## Membership Application

**Name**

**Address**

**Postal Address**

**Work Telephone No.**

**Mobile Telephone No.**

**Email**

**DOB**        
(dd/mm/yy)

**Gender**  **F**  **M**  
(circle)

### Declaration

I  confirm that

I am a person:

- of Aboriginal and/or Torres Strait Islander descent; and
- who identifies as an Aboriginal and/or Torres Strait Islander; and
- who is accepted as an Aboriginal and/or Torres Strait Islander by an Aboriginal and/or Torres Strait Islander community.

I further declare that the contents of this application for membership have been accurately completed.

**Signed:**

**Date:**        
(dd/mm/yy)

### Membership Approval

This application will be considered by the National Executive of the National Congress of Australia's First Peoples Ltd at its next available meeting. The decision to approve this application for membership is at the complete discretion of the National Executive.

### Send your application to:

**via mail:** National Congress of Australia's First Peoples Ltd.

PO BOX 1446  
Strawberry Hills  
NSW 2012

**OR via email:** [membership@nationalcongress.com.au](mailto:membership@nationalcongress.com.au)

**OR via fax:** (02) 8362 9112

**Visit our website to find out more about the National Congress:**

[www.nationalcongress.com.au](http://www.nationalcongress.com.au)