

Application for Membership Form

Adnyamathanha Traditional Lands Association (Aboriginal Corporation) RNTBC ICN 3743

Membership Criteria

To be eligible for ATLA membership you must be at least 18 years of age and identify and be recognised as an Adnyamathanha person

Your details

| | |
|---|--|
| First Name: | |
| Last Name: | |
| Mobile Phone: | |
| Email: | |
| Address: | |
| Preferred contact method | <input type="checkbox"/> email <input type="checkbox"/> sms/text <input type="checkbox"/> post |
| Do you identify as Adnyamathanha? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are you recognised as Adnyamathanha? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Identification documents | <i>Attach a copy of your birth certificate if possible. If you do not have a birth certificate, attach a copy of your drivers license or other identification.</i> <i>You must also fill in your parent's names below.</i> |
| Family background Please include names from Great Grandparent to applicant | Mother's name: _____ Father's name: _____ Grandmother's & Grandfather's name: _____ Grandmother & Grandfather's name: _____ Great Grandmother's & Grandfather's name: _____ Great Grandmother & Grandfather's name: _____ |
| Family Group you identify with | <input type="checkbox"/> Frome Charlie/Lucy Darmody <input type="checkbox"/> Albert and Susie Wilton <input type="checkbox"/> Mount Searle Bob/McKenzie <input type="checkbox"/> Willy Austin Senior <input type="checkbox"/> Nicholas Demell <input type="checkbox"/> Sydney Ryan <input type="checkbox"/> Angepena Billy/Coulthard <input type="checkbox"/> Johnson/Jackson/Clark <input type="checkbox"/> Other |
| Identity documents attached | <input type="checkbox"/> birth certificate <input type="checkbox"/> drivers license <input type="checkbox"/> other |

I declare that I am eligible for membership and will abide by the ATLA Rule Book.

| | |
|-----------|--|
| Signature | |
| Date: | |

Please return your completed form to:

ATLA Membership Applications, GPO Box 1171, Adelaide SA 5001

Email: admin@atla.com.au

Corporation Use Only

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| Application received | Date: | |
| Application tabled at CAG meeting | Date: | |
| CAG consider applicant is eligible for membership | Yes/No: | |
| Application tabled at CHANT meeting | Date: | |
| CHANT consider applicant is eligible for membership | Yes/No: | |
| Referred to Common Law Holders Meeting | Date: | |
| Common Law Holders consider applicant is eligible for membership | Yes/No: | |
| If approved, new members' details added to register of members | Date: | |
| Applicant notified of ATLA decision | Date: | |