

ADNYAMATHANHA

TRADITIONAL LANDS ASSOCIATION (ABORIGINAL CORPORATION)

(under special administration)

Port Augusta Business Centre, 2A Stirling Road, Port Augusta SA 5700

PO Box 392, Port Augusta SA 5700

E: admin@atla.com.au

ABN: 14 146 238 567 ICN: 3743

Ngadjuri Adnyamathanha Wilyakali Native Title Aboriginal Corporation RNTBC (NAWNTAC)

ADNYAMATHANHA MEMBER NOMINATION FORM

1. Nominee Details

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

2. Eligibility

I confirm that I:

- Am 18 years or older
- Am an eligible member / native title holder
- Am not disqualified under the CATSI Act

3. Compliance Requirements

I confirm that I have provided (or will provide prior to appointment):

- Director Identification Number (DIN): _____
- National Police Check (current)

4. Role Expectations

I understand that if appointed as a Director, I am expected to:

- Act in the best interests of all Adnyamathanha native title holders
- Attend and actively participate in Board and general meetings
- Contribute to governance, decision-making, and strategic direction
- Comply with the Rule Book and the CATSI Act
- Maintain respectful conduct and cultural integrity

⚠ Attendance and participation are critical. Ongoing non-attendance may affect eligibility to remain as a Director.



ADNYAMATHANHA

TRADITIONAL LANDS ASSOCIATION (ABORIGINAL CORPORATION)

5. Meetings, Fees & Allowances

I acknowledge and understand:

- Directors are expected to attend regular meetings (including AGMs and other required meetings)
- Meetings may be held in person or online (e.g. Teams)
- \$375 + superannuation per meeting attendance
- Travel, accommodation, and meals for meetings are covered

6. Nominee Statement

Please attach a brief statement (max 400 words) outlining:

- Your skills and experience
- Your connection to community
- Why you are suitable for the role

7. Consent and Declaration

I, _____,
consent to being nominated and, if appointed, to act as a Director.

I declare that:

- I meet all eligibility requirements
- I am not disqualified under the CATSI Act
- I understand the duties and responsibilities of a Director
- I agree to meet attendance and participation expectations
- I understand the remuneration, meeting requirements, and obligations of the role
- I will notify the organisation if my eligibility changes

Signature: _____ Date: _____

Please return completed forms to admin@atla.com.au

Applications close 12pm Tuesday 28 April 2026

8. Office Use Only

Date received: _____

Eligibility verified: Yes No

Documents received: Complete Incomplete