

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:										
Date of Birth:										
Mobile Phone:										
Email:										
Address:										
Preferred contact method	☐ email ☐ sms/text ☐ post									
Do you identify as Adnyamathanha?	☐ yes ☐ no									
Are you recognised as Adnyamathanha?	☐ yes ☐ 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	<table><tr><td>Mother's name:</td><td>Father's name:</td></tr><tr><td>Grandmother's & Grandfather's name:</td><td>Grandmother & Grandfather's name:</td></tr><tr><td>Great Grandmother's & Grandfather's name:</td><td>Great Grandmother & Grandfather's name:</td></tr></table>	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:			
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Grandmother's & Grandfather's name:	Grandmother & Grandfather's name:									
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Family Group you identify with	<table><tr><td>☐ Frome Charlie/Lucy Darmody</td><td>☐ Albert and Susie Wilton</td><td>☐ Mount Searle Bob/McKenzie</td></tr><tr><td>☐ Willy Austin Senior</td><td>☐ Nicholas Demell</td><td>☐ Sydney Ryan</td></tr><tr><td>☐ Angepena Billy/Coulthard</td><td>☐ Johnson/Jackson/Clark</td><td></td></tr></table>	☐ Frome Charlie/Lucy Darmody	☐ Albert and Susie Wilton	☐ Mount Searle Bob/McKenzie	☐ Willy Austin Senior	☐ Nicholas Demell	☐ Sydney Ryan	☐ Angepena Billy/Coulthard	☐ Johnson/Jackson/Clark	
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Identity documents attached	☐ birth certificate ☐ drivers license ☐ 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

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:	