NATIONAL CONGRESS
OF AUSTRALIA'S FIRST PEOPLES

Membership Application for Individuals

Referred by Member: _____

Name

First name

Last name

DOB (dd/mm/yy)

Gender F M

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Postal Address*

Suburb

State Postcode

Alternative Address

Suburb

State Postcode

*** Your name and the address above will appear on a public Member's roll. If you want a different address listed please write it in the Alternative address box to the right. If you have special circumstances please contact the membership team.**

Name of your First Nation (optional)

Telephone No.

Mobile No.

Email*

*** Providing your email address means you will receive e-newsletters and other Congress updates by email.**

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)

*** Digital signatures not permitted.**

Lodging your membership application

1. via email: membership@nationalcongress.com.au

2. via mail: Reply Paid PO Box 1446, Strawberry Hills NSW 2016 (NO STAMP REQUIRED)

3. via fax: (02) 8362 9112