

South East Tasmanian Aboriginal Corporation

Application for Membership

,		
(First name)	(Surr	name)
f,		
,	(Street Address)	
(Suburb)	(Postcod	de)
rish to apply to and be accepted a orporation (SETAC).	as a member of the South East Tasmani	an Aboriginal
pplicants must:		
 identify as being of Aborigi 	nal or Torres Strait Islander descent.	
 be at least 15 years of age. 		
 reside permanently within 5 days per week. 	the Kingborough or Huon Municipalitie	es (LGA) for at least
the applicant moves from the SE nust re-apply for membership upo (Applicant Signature)	ETAC defined region for 12 months or monthe on their return. (Date)	ore, the applicant
(Applicant Signature)	(Sute)	
(Applicant Email)	(Applicant Conto	act number)
OARD DECLARATION		
ETACs Board of Directors accepts	this application for Membership.	
(Board Member Name)	(Board Member Signature)	(Date)