

Coota Girls Aboriginal Corporation Membership Form

Please return your original completed form to our PO Box address provided above

Applicant Information

Name:	Date o	Date of birth:	
Email:			
Current address:			
Traditional Country name:	State:	Postcode:	
Parent or Guardians name (if under 18 yrs):			
Phone:			

Name/s of your children (for office use only, you will need to fill in a separate form to apply for membership):
1._____DOB:_____

2	DOB:
3	DOB:
4.	DOB:
5	DOB:

I am a (tick which describes you):

Coota Girl Survivor

(former resident of Cootamundra Domestic Training Home for Aboriginal Girls (1912-1969)

Coota Girl descendant

(all biological children, grandchildren, great grandchildren and subsequent generations of a Coota Girl Survivor)

Sibling of a Coota Girl Survivor

(biological sister or brother of a Coota Girl Survivor)

Please name former resident of the Cootamundra Domestic Training Home for Aboriginal Girls 1912-1969 that you are related to:

Name:		
Date of birth:		
Living		
Deceased		
Address (if applicable):		
Traditional Country name:	_State:	_Postcode:

Emergency Contact

Name (person not residing with you):	Ph	Phone:	
Address:			
Traditional Country Name:			
Relationship to you:			
Signatures			
Ι	declare that I am	ı an Aboriginal person	
and I am either a former resident of the Cootamundra Dome		-	
1969) a Coota Girl descendant or a sibling of a former reside Home for Aboriginal Girls (1912-1969).	ent of the Cootamundra	a Domestic Training	
As per Rule 4.2 of the Coota Girls Aboriginal Corporation Ru	ıle Book I am eligible f	or Membership.	
Signature of applicant:	Date:		
Supporting Documentation			
I have provided the following supporting documentation:			
Birth Certificates (showing relationship to Coota Girl Surviv	or)		
Aboriginal Welfare Board files/records			
Office use only			
Application tabled at Board of Directors Meeting held of	n	Date:	
Directors confirmed applicant is eligible for Associate M		Date:	
Entered on Register of Members Database		Date:	
Supporting documentation provided and approved		Date:	
Coota Girls Aboriginal Corporation delegate sign off:			
Coota Girls Aboriginal Corporation Chairperson:			
Name:			
Signature:			
Date:			
Coota Girls Aboriginal Corporation Secretary: Name:			
Signature:			

Date:____