

**APPLICATION FOR MEMBERSHIP OF THE  
ARABANA ABORIGINAL CORPORATION RNTBC  
ICN 7729**

<b>NAME</b>	
<b>CURRENT ADDRESS</b>	<b>POSTCODE:</b>
<b>PHONE and EMAIL:</b>	<b>PH:</b> <b>EMAIL:</b>
<b>DATE OF BIRTH</b>	
<b>PLACE OF BIRTH</b>	
<b>RESIDENCE OF PARENTS AT DATE OF YOUR BIRTH</b>	
<b>CHILDREN</b>	
<b>SPOUSE</b>	
<b>PARENTS</b>	
<b>GRANDPARENTS</b>	

**NOTE: EVERY MEMBER OF THE FAMILY SHOULD BE REGISTERED ON SEPARATE FORMS.**

**Please return to:** Arabana Aboriginal Corporation RNTBC  
48 Flinders Terrace  
Port Augusta SA 5700  
[admin@arabana.com.au](mailto:admin@arabana.com.au)

**I apply for membership and I accept to be bound by the Rules of the Arabana Aboriginal Corporation RNTBC.**

**Signed:** ..... **Date:** .....