**Victorian Aboriginal Men’s Gathering  
REGISTRATION FORM  
14 February 2019**

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| **Contact Details** |  |
| **Family Name:** | **Given Name:** |
| **Organisation/Community:** | |
| **Position:** |  |
| **Address:** | **Suburb/Town:**  **State** *(please circle):* VIC, NSW, ACT, WA, NT, QLD, SA, TAS |
| **Phone:** | **Email:** |
| **Do you identify as:**  **Aboriginal**  **Torres Strait Islander**  **Both** | **Language group/Nation *(optional):*** |
| **Your age group:  18–25  26–34  35–44 45–54  55–64  Over 65** | |

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| **Aims** |  |
| **What are you hoping to get out of attending the Victorian Aboriginal Men’s Gathering?** | |
| **Are you working on a particular issue in your workplace or community?** | |
| **What are some of the changes you’d like to see in your community?** | |

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| **How did you find out about the Victorian Aboriginal Men’s Gathering?** |  |
| **Email  Website/Facebook  Community** | |

**Please complete and return this form via email to:** [**VAMG@dardimunwurro.com.au**](mailto:VAMG@dardimunwurro.com.au)

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Website: www.dardimunwurro.com.au/