



P.O. Box 643
BALLARAT, VIC 3353
Telephone: (03) 5331 5344
Fax: (03) 5333 1637

APPLICATION FOR BADAC MEMBERSHIP

Applicant Surname: _____

Other Names: _____

Date of Birth: _____

Occupation: _____

Phone/ Mobile: _____

Address: _____

Address to which notices are to be sent: _____

Number of years residing in Ballarat Region: _____

Reason(s) for application to be member: _____

1. I hereby apply to be admitted as a member of *Ballarat and District Aboriginal Co-operative Ltd* (the Co-operative) and to be allotted one share therein.
2. In respect of such application, and in accordance with *Model Rules of the Ballarat & District Aboriginal Co-operative Ltd*, I lodge herewith the sum of \$1.00 (\$0.10 being paid by me and \$0.90 being paid by the Co-operative).
3. I am of Aboriginal or Torres Strait Islander descent.
 I am a spouse/ defacto partner of an Aboriginal or Torres Strait Islander descendent.
4. I am over the age of eighteen years.
 I am under the age of eighteen years.
5. If this application is approved and the share requested is allotted to me, I agree to pay all charges required by the Co-operative, and I agree to be bound by the rules of the Co-operative, and by any alterations thereof registered in accordance with the *Victorian Co-operatives Act 1996*.
6. Please attach a copy of yours, your spouse, defacto's or your child's Confirmation of Aboriginality. If you do not have one, please ask for a form to fill in from main reception at 5 Market Street.

Applicant Signature: _____

Witness: _____ Date: ____/____/____

Approved By (Chairperson BADAC): _____ Date: ____/____/____

Seconded By (BADAC Director): _____ Date: ____/____/____

Registrar of Co-operatives, Consumer Affairs Victoria
GPO Box 4567, Melbourne 3001 Phone 1300 55 81 81 Fax 03 9627 6210

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