



**Central Australian Stolen Generation and Families
Aboriginal Corporation.**

Application for membership of the Association

Membership Number:

Name:

.....

Residential Address:

.....

Postal Address:

.....

.....

Are you 1st, 2nd, or 3rd Generation of Stolen Generations?

(Please circle one only) 1st 2nd 3rd

Signature of Applicant:

Date:-.....

Signature of Witness:

Date:

Yes I want to be on Central Australian Stolen Generation & Families Aboriginal Corporation mailing list for any newsletters, special events, notifications etc.

Please note:-

Membership form for the association must be filled out to enable you to be eligible for voting and becoming a member of the committee.

The committee is made up of one only representative from each of the Institution or Country as per attachment.

Please meet where possible with your fellow electorate members prior to the AGM to discuss and finalise your electorate nominations.

Please circle the area/s which you are most closely associated with:-

- | <u>Institution Electorate</u> | <u>Country Electorate</u> |
|--------------------------------------|----------------------------------|
| 1. Bungalow / Jay Creek | 10. South |
| 2. St. Marys / St. Johns | 11. Alice Springs |
| 3. St. Phillips / Griffiths House | 12. Western |
| 4. Croker Island | 13. Tanami |
| 5. Groote Eylandt | 14. North West |
| 6. Khalin | 15. Tennant Creek |
| 7. Retta Dixon | 16. Eastern |
| 8. Garden Point | 17. Sandover |
| 9. Interstate/Overseas/Other | 18. Anmatyere |

If you are 2nd or 3rd Generation, to assist the Management Committee in identifying you, could you please give us:-

Your father's name.....

Your mother's name

When completed, return this form to:

**CASG&FAC
PO Box 744
Alice Springs NT 0870**