



**North Stradbroke Island Aboriginal and Islanders Housing
Co-operative Society Limited**

ABN: 35 521 456 625

Registered Office:
18 Welsby Street
Dunwich Qld 4183

Postal Address
Po Box 66
Dunwich Qld 4183

Phone: (07) 34099340
Fax: (07) 34099553

MEMBERSHIP APPLICATION

Important Information

- Membership: \$2.00 per year;
- Your membership will accepted or rejected at a Board of Directors Meeting;
- To keep your Membership active an annual fee (due at the end of June) of \$2.00 is required once the Board of Directors have approved your application;
- Please note you are required to attach a Confirmation of Aboriginality to this application (the Housing Co-op are no longer able to provide Confirmation's of Aboriginality).

APPLICANT INFORMATION	
Name:	
Address:	
Contact number:	
Date of Birth:	
Signature:	
Date of signature:	
I affirm I am aged 18 years or over:	
I affirm I am a Quandamooka Descendent of:	<i>(Name of Apical Ancestor)</i>
LINEAGE INFORMATION	
The following information is required to determine eligibility, further information may be requested.	
Matriarchal lineage	
Your Mother:	
Your Mothers Father (your Grandfather)	
Your Mothers Mother (your Grandmother)	<i>(maiden name)</i>
Your Mothers Grandfather (your Great Grandfather)	
Your Mothers Grandmother (your Grandmother)	<i>(maiden name)</i>
<i>Additional historical information if you can provide:</i>	
Patriarchal lineage	
Your Father:	
Your Fathers Father (your Grandfather)	
Your Fathers Mother (your Grandmother)	<i>(maiden name)</i>
Your Fathers Grandfather (your Great Grandfather)	
Your Fathers Grandmother (your Grandmother)	<i>(maiden name)</i>
<i>Additional historical information if you can provide</i>	

Office use only:			
Date application received:			
Date passed at meeting:		Resolution no:	
Date paid:		Receipt no:	