



VACCA

Connected by culture

VICTORIAN ABORIGINAL CHILD CARE AGENCY

Co-operatives National Law

APPLICATION FOR MEMBERSHIP

Name of Co-operative: Victorian Aboriginal Child Care Agency Co-op Ltd

Step 1: Your Details:

First Name: _____ Surname: _____

Home Address: _____

Suburb: _____ Postcode: _____

Email: _____

Mobile (optional): _____

Step 2: Please Indicate

Are you of Aboriginal or Torres Strait Islander descent?	Yes / No
Are you 18 years of age or over?	Yes / No
Do you agree to comply with VACCA's Code of Conduct? (attached)	Yes / No

VACCA's Model Rules state that membership shall be restricted to persons who:

- are of Australian Aboriginal or Torres Strait Islander descent; and
- are 18 years of age or over; and
- comply with VACCA's Code of Conduct

Please Note: New membership applications received before 1st July 2019 will be eligible to become a member for this year's 2018/2019 Annual General Meeting.

Step 3: Your signature

Signature of Applicant: _____

Witness Signature: _____

Date: ___ / ___ / ___

Step 4: Please attach \$2 fee and return in the reply paid envelope provided by 1st of July 2019.

**Please
affix \$2
here**