

Request for 54 (3) (c) notice from the Registrar, *Aboriginal Land Rights Act 1983 (ALRA)* declaring that the applicant is not a voting member at any other Land Council.



OFFICE OF THE REGISTRAR
ABORIGINAL LAND RIGHTS ACT 1983 (NSW)

11-13 Mansfield Street
Glebe NSW 2037
PO Box 112, Glebe NSW 2037
P. 02 9562 6327 F. 02 9562 6350

To become a voting member all applicants must obtain a 54 (3) (c) notice from the Office of the Registrar which declares that the applicant is not a voting member of any other Land Council.

You may apply for this notice before submitting your application to the Local Aboriginal Land Council or you may ask the Local Aboriginal Land Council to do it for you.

Send the completed form to:

Rolls Officer
Office of the Registrar, ALRA
PO Box 112
Glebe NSW 2037

Or

Fax: 02 9562 6350

Name of the LALC you wish to join:

Personal Details:

Title: (Mr, Ms, Mrs, etc.): First Name:

Middle Name(s): *(If Applicable)*

Surname:

Known by Any Other Names: *(If Applicable)*

Date of Birth: *(dd/mm/yyyy)* Sex: *(Circle One)* Male or Female

Email Address: *(If Applicable)*

Residential Address: (Required)

Street Number: Street Name:

Suburb/Town: Postcode:

Postal Address: *(if different from Residential Address - optional)*

Street Number and Name or P.O Box:

Suburb/Town: Postcode:

Please set out the basis upon which you assert your Aboriginal descent: *(Required)*
(Attach additional information if necessary)

Are you a registered Aboriginal owner (as listed on the Register of Aboriginal Owners) in relation to land within the area of the LALC? Yes or No

Do you reside within the LALC Boundaries? *(Circle One)* Yes or No

If no, please set out the basis of your association to the LALC Area:

(Attach additional information if necessary)

Are you a Voting Member of any other LALC ? *(Circle One)* Yes or No

If yes, please indicate which LALC(s) :

Are you a Non-Voting Member of any other LALC ? *(Circle One)* Yes or No

If yes, please indicate which LALC(s) :

I hereby declare that:

**I have attained the age of 18 years; and
I am a member of the Aboriginal race of Australia; and
I identify as an Aboriginal; and
I am accepted by the Aboriginal Community as an Aboriginal; and
I reside within the LALC area, or have an association with the area (as described).**

Signed:
Applicant's Signature

Applicant's Name *(Please print)*
Date: *(dd/mm/yyyy)*