

# Request for Confirmation of Aboriginality LALC member.

## Applicant Details

Name:		
Date of Birth:	Place of Birth:	Phone:
Current Address:		
Town:	State:	Post Code:

## Applicant Employment Information (If applicable)

Current Employer:		
Employer Address:	How long?	
Phone:	Fax:	
Town:	State:	Post Code:
Position:		

## Applicants Mother Details

Name of mother:			
Mothers maiden name:			
Address:			
Town:	State:	Post Code:	Phone:
Date of Birth:	Place of Birth:		
Mothers Name:			
Fathers Name:			

## Applicants Father Details

Name of father:			
Address:			
Town:	State:	Post Code:	Phone:
Date of Birth:	Place of Birth:		
Mothers Name:			
Fathers Name:			

## Details of Aboriginality

Please set out the basis of applicants Aboriginality (Please tick  one):

Mothers Aboriginality (  ) Fathers Aboriginality (  ) Mother & Fathers Aboriginality (  )

Other – please describe (  ) \_\_\_\_\_

## Documentation supporting application – please attach only photocopies

Type of documentation:	Date of documentation:	Reference No.:
Applicants full Birth Certificate ( <b>required</b> )		
Motor Vehicle Licence		
Applicants Membership transcript		

## Consent to Verify Information