



ICN 663

Application for Membership

Updated December 2025

Version 3

APPLICANT DETAILS

Full Name	
Date of Birth	
Phone Number	
Address	
Email Address	

Membership

Membership is a vital part of Karadi Aboriginal Corporation's growth, direction and sustainability. The members make important decisions, usually at meetings, about how the corporation is run, including who its directors are, how it spends its money, and how it manages the services it provides.

Who is eligible?

Any Aboriginal and/or Torres Strait Islander person is eligible for membership providing they meet the following criteria:

- Applicant is aged 18 years or older.
- Applicant is an Aboriginal/Torres Strait Islander person.

Members' rights

A member of Karadi:

- Can attend, speak and vote at general meetings
- Can be made a director
- Can put forward resolutions at general meetings
- Can ask the directors to call a general meeting
- Can look at the books and records of the corporation (if the directors have authorised them to do this, or if the members have passed a resolution which lets them do this).

Members' responsibilities

A member of Karadi:

- Must follow the rules detailed in Karadi's constitution.
- Must advise the corporation if they change their address and/or contact details.

- Must be aware of and adhere to Karadi's Code of Conduct and Members Handbook.
- Treat other members with respect.

Withdrawing your membership

If you wish to stop being a member, Karadi requires you to submit your wishes in writing, either via email to admin@karadi.org.au, via the mail to 4 Rothesay Circle, Goodwood, 7010 or in person.

Cancelling Membership

Your membership can be cancelled under the conditions set out in Clause 5 of The Karadi Constitution

CODE OF CONDUCT

Members **must**:

1. Treat staff and members with respect & honesty.
2. Refrain from discriminatory comments or actions
3. Be prepared to work with others to find common ground to solve problems.
4. Maintain confidentiality of other members, clients and staff.
5. Realise that access to services may have limits and eligibility does not automatically ensure an entitlement to our services.
6. Deal with problems and concerns in a mature manner according to Karadi Policies and Procedures.
7. Never harass, bully or defame staff, members or clients.

I would like to receive news/updates and notices via email.

I am applying to become a member of Karadi Aboriginal Corporation. In the event of my admission as a member, I agree to be bound by the rules, code of conduct and policies of the organisation. I acknowledge that in the event that I breach the rules, code of conduct or policies of the organisation that the Board of Directors shall determine an appropriate action/consequence. I also acknowledge that I am at least 18 years of age and an Aboriginal and/or Torres Strait Islander person.

Full Name	
Signature	

Date	
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NOMINATION FROM TWO CURRENT MEMBERS

As a member of Karadi Aboriginal Corporation, I nominate the applicant, who is personally known to me, for membership of the organisation.

Full Name of Member	
Signature	
Date	

As a member of Karadi Aboriginal Corporation, I nominate the applicant, who is personally known to me, for membership of the organisation.

Full Name of Member	
Signature	
Date	

ABORIGINALITY

Please provide one of the following options:

Proof or confirmation of Aboriginality from other recognised Aboriginal Organisations

(Please Attach Copy)

OR

Cultural or Family group details

KARADI BOARD USE ONLY:

Applicant name:		
Date Application received:		
Tick the complete sections:	<input type="checkbox"/> Applicant Details complete. <input type="checkbox"/> Nomination from current members complete. <input type="checkbox"/> Confirmation of Aboriginality sighted and attached. <input type="checkbox"/> All sections requiring signature are complete.	
Board Recommendation:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Detail of recommendation:		
Date of Meeting:	Authorised by Director Name: _____ Signature: _____	Authorised by Director Name: _____ Signature: _____
Follow up/Actions Required:	If Approved: <input type="checkbox"/> Letter sent to applicant on _____ <input type="checkbox"/> Applicant added to Membership register on _____ <input type="checkbox"/> Application filed.	
	If Not Approved: <input type="checkbox"/> Letter sent to applicant on _____ <input type="checkbox"/> Application returned to applicant on _____	