



MDAS
MALLEE DISTRICT ABORIGINAL SERVICES

*"Generations of vibrant, healthy
and strong Aboriginal communities."*

MDAS MEMBERSHIP PACK

MALLEE DISTRICT ABORIGINAL SERVICES



MDAS Membership Application Pack

Membership application includes:

- Key Values and Vision
- Membership Application Form
- Key Selection Criteria

Application for MDAS Membership must include:

- Delivered to the Secretary of MDAS not less than 7 days before the Board meetings
- Membership application will be assessed by MDAS Board and endorsement needs to be completed by the Board

Key Values and Vision for MDAS Membership

I wish to become a member of Mallee District Aboriginal Services (MDAS), and agree to comply with the Constitution and support its purposes. I am 18 years of age or older, of Aboriginal or Torres Strait Islander descent and ordinarily reside within Mallee Region, being the shire of Mildura Rural City Council, Swan Hill Rural Council, Gannawarra Shire Council and Buloke Shire Council.

Vision

MDAS strategic direction is *"generations of vibrant, healthy and strong Aboriginal communities."*

Core Business

MDAS Core Business is to work in collaboration with the community, we will work to:

- Strengthen individual and community capacity
- Provide culturally-appropriate services that are accessible to staff
- Facilitate cultural connection and healing
- Facilitate sustainable commercial enterprise and economic independence.

Aspiration

MDAS aspirations include:

- Healthy, vibrant families and communities who are connected through shared culture and a respect for difference
- MDAS provides a one-stop-shop to meet everyone's needs from conception to dream time

Values

MDAS members are expected to live the values of MDAS including respect for MDAS, vision, hopes and wishes for the community. Respect for culture and displaying compassion toward others.

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION. INCOMPLETE FORMS WILL NOT BE CONSIDERED BY THE BOARD.



MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Surname: _____

Given Names: _____

Address: _____

Contact Numbers: (home) _____ (mobile) _____

Email Address: _____

Place of Birth: _____

Date of Birth: _____

I have obtained my Confirmation of Aboriginality certificate (please circle) **YES / NO**

If yes, attach a copy

I wish to become a member of Mallee District Aboriginal Services (MDAS), and agree to comply with the Constitution and support its purposes. I am at least 18 years old, of Aboriginal or Torres Strait Islander descent, and ordinarily reside within the Mallee Region, being the shire of Mildura Rural City Council, Swan Hill Rural Council, Gannawarra Shire Council, and Buloke Shire Council.

Signature: _____ Date: _____

Please Note:

- It is the responsibility of the member to inform MDAS of any change to their contact details.
- A subscription fee of \$1 is payable annually within three months of the start of the financial year. It is the responsibility of the member to ensure the subscription fee has been paid.
- The membership of a member's ceases if:
 - (i) The member ceases to fulfil the eligibility criteria of membership;
 - (ii) The member's annual subscription is more than three months in arrears;
 - (iii) The member dies or becomes bankrupt;
 - (iv) The member is expelled from membership;
- A member of the Company who is entitled to vote, has the right in accordance with the Constitution;
- The rights of a member are not transferable and end when the membership ceases; and
- All applications are subject to Board approval, and will only be binding once you have received official notification from MDAS. No reason need be given for the rejection of an application.



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DOCUMENT ID: MDAS-BRD- FOR-004.01

Name of Applicant.....

Membership questions – Please tick one box		Yes	No
What has motivated you to be a member?	<ul style="list-style-type: none"> To help my community? Change the Board / Sack the Board? Have a voice for my community? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
What would you bring to MDAS should you become a member?	<ul style="list-style-type: none"> Promote the organisations values? Be actively involved? Bring stability to the organisation Use my vote to help my family? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How are you a role model in your community?	<ul style="list-style-type: none"> Do you have any criminal charges? Do you volunteer in community? Are you active in your community? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How are you involved and engage with the Mallee Community?	<ul style="list-style-type: none"> Do you live in the Mallee region? Are you connected with your mob? Do you use MDAS services? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How do you support strong cultural connection within the Mallee region?	<ul style="list-style-type: none"> Do you have confirmation of Aboriginality? Do you participate in Cultural activities example NAIDOC? Are you connected to Mob? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments			

OFFICE USE ONLY

Date of Board Meeting

Please mark appropriate box

(✓)

(X)

Result	Accepted as a Member		NOT Accepted as a Member	
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Membership Resolution Number

Date notification posted to applicant

Entered onto Membership register /database

Membership fee paid (YES / NO)

(PROCESSED STAMP)