



Application for membership

Name: _____ DOB: ____/____/____

Address: _____

Mobile Number: _____(Home)_____

Email Address: _____

ALL APPLICATIONS MUST ATTACH A COPY of their Birth Certificate

Which Apical Ancestor are you a descendant of?

Mirbin Lowe:

Willy Cooper:

Alf Boona:

Woggi:

Pantun:

Eva:

Mabel:

Jessie:

1. Do you identify as Mardudhunera under traditional Mardudhunera law and custom?
(Please circle) Yes / No
2. Do you have a connection with the land and waters in the Mardudhunera determination area in accord with traditional Mardudhunera laws and customs?
(Please circle) Yes / No.

Mother's Name: _____ Group: _____

Father's Name: _____ Group: _____

Grandmother: _____ Group: _____

Grandfather: _____ Group: _____

Family members supporting your membership application:

Name: _____ Signature: _____

Name: _____ Signature: _____



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Beneficiary for another Aboriginal Corporation: Yes / No Name: _____

Applicants Signature: _____ Date: _____

Note: All this information is required so Wirrawandi Aboriginal Corporation can contact you for future meetings.
All applications for membership must be approved by the board of Directors of Wirrawandi Aboriginal Corporation.
The Office of the Registrar of indigenous Corporation's (ORIC) may publish your details on the ORIC website(www.oric.gov.au)
as per CATSi Act.

Corporation use only

Date Application Received: _____ Identification provided: Yes / No

Application tabled at Directors meeting held on: _____

Resolutions: Approved Declined Reason if Declined: _____

Director: _____ Director: _____