

APPLICATION FOR MEMBERSHIP FORM



CAPE YORK LAND COUNCIL ABORIGINAL CORPORATION

APPLICATION FOR MEMBERSHIP

Corporations (Aboriginal and Torres Strait Islander) Act 2006

I, _____

(First of given name) (Surname)

Note: the corporation's rules may permit corporate applicants.

Of: _____

Hereby apply for membership of the **CAPE YORK LAND COUNCIL ABORIGINAL CORPORATION**
(Name of corporation)

I declare that I am eligible for membership.

Date: _____

Signature: _____



CAPE YORK LAND COUNCIL

CAPE YORK LAND COUNCIL ABORIGINAL CORPORATION

I hereby apply to be a Member of the Corporation.

Name: _____

Maiden Name (if applicable): _____

Community: _____

Tribal Group/s: _____

Date of Birth: _____

Residential Address: _____

Postal Address: _____

Email Address: _____

Contact Number: _____

I am over the age of 18: Yes No (please circle one)

***Please continue to complete the family tree on the next page of this form.**

I am eligible for membership in the Corporation. By signing this form, I agree to be bound by the rules of the Corporation and consent to be a member.

Date: _____ Signature: _____

FAMILY TREE FORM

Please complete the Family Tree below.

This Family Tree must be completed before approval.

PLEASE COMPLETE EVERY BOX



**CAPE YORK
LAND COUNCIL**

Apical Ancestor:

MOTHER'S FAMILY TREE

Grandfathers Name	Grandmothers Name
Traditional Owner Group	Traditional Owner Group

Mothers Name
Traditional Owner Group

FATHER'S FAMILY TREE

Grandfathers Name	Grandmothers Name
Traditional Owner Group	Traditional Owner Group

Fathers Name
Traditional Owner Group

Applicants Name
Traditional Owner Group

Applicants Partner
Traditional Owner Group

Additional information/comments:

For Official Use Only

Checked (CYLC Board of Directors): Dated: