

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 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



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: