

**SCHEDULE 2 – APPLICATION FOR MEMBERSHIP FORM**



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**CAPE YORK LAND COUNCIL ABORIGINAL CORPORATION**

**APPLICATION FOR MEMBERSHIP**

*Corporations (Aboriginal and Torres Strait Islander) Act 2006*

I, \_\_\_\_\_  
(First of given name) (Surname)

Note: 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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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**CAPE YORK LAND COUNCIL ABORIGINAL CORPORATION**

**APPLICATION FOR DETAILS**

I, \_\_\_\_\_  
(First of given name) (Surname)

Date of Birth \_\_\_\_\_

Middle name (if applicable) \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Tribal Group \_\_\_\_\_

Phone and or fax \_\_\_\_\_

Email address (if applicable) \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## FAMILY TREE FORM

Please complete the Family Tree below.  
This Family Tree *must* be completed prior to approval.

**PLEASE COMPLETE EVERY BOX**



# CAPE YORK LAND COUNCIL

### MOTHERS FAMILY TREE

Grandfathers Name	Grandmothers Name
Traditional Owner Group	Traditional Owner Group

### FATHERS FAMILY TREE

Grandfathers Name	Grandmothers Name
Traditional Owner Group	Traditional Owner Group

Mothers Name
Traditional Owner Group

Fathers Name
Traditional Owner Group

Applicants Name
Traditional Owner Group

Applicants Partner
Traditional Owner Group