

Schedule 3 – Application for Associate membership of Wonnarua Nation Aboriginal Corporation

APPLICATION FOR ASSOCIATE MEMBERSHIP
Corporation (Aboriginal and Torres Strait Islander) Act 2006

I, _____
(First of given name) *(Surname)*

Note: corporation’s rules may permit corporate applicants
Of

(Address)

D.O.B: _____

CONTACT DETAILS:

Phone: _____ Mobile: _____

Email: _____

Genealogical connection to “Wonnarua Country”

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Herby apply for Associate Member of the
Wonnarua Nation Aboriginal Corporation

I declare that I am eligible for Associate membership

Signed: _____

Date: _____