



APPLICATION FOR MEMBERSHIP

Corporations (Aboriginal and Torres Strait Islander) Act 2006
Wonnarua Nation Aboriginal Corporation

I
(First of given name) (Surname)

Note: corporation's rules may permit corporate applicants.

of
(Address)

D.O.B:

NOTE: you must be 18 years of age or over to apply for WNAC membership

CONTACT DETAILS:

Phone: Mobile:

Email:

Genealogical connection to 'Wonnarua Country'

Please complete the attached genealogical chart. This must be returned as part of your application for the Board to consider your membership.

I hereby apply for membership of the Wonnarua Nation Aboriginal Corporation.
I declare that I am eligible for membership.

Signed:

Date:

I request that my address be suppressed from publication Yes No (circle which to apply)

This form must also be signed by the Head of the Family Household:

I certify this relationship
(Name – print name and then sign)
and support this application.

Please complete both pages and return to the Wonnarua Nation Aboriginal Corporation:
PO Box 3066, Singleton Delivery Centre NSW 2330.
Fax: 02 6571 8551
Email: wonnarua@bigpond.com

Sarah Madoo

Great Great Great Great Great Grandparents: _____

Great Great Great Great Grandparent/s: _____

Great Great Great Grandparent/s: _____

Great Great Grandparent/s: _____

Great Grandparent/s: _____

Grandparent/s: _____

Parent/s:

Me: