



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:

CONTACT DETAILS:

Phone: Mobile:

Email:

Genealogical connection to 'Wonnarua Country'

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

Signed:

Date:

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