



**APPLICATION FOR MEMBERSHIP (as per rule 5.1)**

*All of the sections on this side of the form must be completed for your membership to be processed.*

Membership of the Corporation shall be open to adult Aboriginal people whose traditional country lies within the Gascoyne, Murchison, Mid-West (Yamatji) and Pilbara (Marlpa) regions, and who are accepted as such by their local Yamatji / Pilbara community.

<b>Mr, Mrs, Ms</b>	<b>Surname:</b>	<b>First Given Name:</b>
<b>Residential Address:</b>		
<b>Suburb/Town:</b>		<b>Postcode:</b>
<b>Postal Address:</b>		<b>Postcode:</b>
<b>Home Phone No:</b>		<b>Mobile Phone No:</b>
<b>Email Address:</b>		<b>Class (please circle):</b> Yamatji / Pilbara
<b>Date of Birth:</b>		<b>Mother's Full Name (Maiden):</b>
<b>Father's Full Name:</b>		<b>Spouse's Full Name:</b>
<b>Maternal Grandmother's Full Name (Mother's Mother's Maiden name):</b>		<b>Paternal Grandmother's Full Name (Father's Mother's Maiden name):</b>
<b>Maternal Grandfather's Full Name (Mother's father):</b>		<b>Paternal Grandfather's Full Name (Father's father):</b>
<b>I am nominated by:</b>		..... [Print Name] <b>Membership No:</b> .....

I hereby apply to become a Member of Yamatji Marlpa Aboriginal Corporation (YMAC). I declare I am eligible for membership and agree that I will, in good faith and to the best of my abilities, obey and observe the Rules and policies of YMAC and will, at all times, act in the best interests of the organisation should my membership be accepted.

I acknowledge receipt of a copy of the Rule Book and the Code of Conduct for members.

**Signed** ..... **Date** .....

*Please note that the member nominating the application and the person witnessing the application are required to be separate individuals.*

**Witness name** ..... **Signature** .....

[Print name]



**FOR ADMINISTRATION USE ONLY**

**Application received:** [date] .....

**Recommended by Regional Committee:** [date] .....

**Resolution Number:** .....

**Accepted by YMAC Board of Directors:** [date] .....

**Resolution Number:** .....

**New membership number:** .....

**Date information entered:** .....

.....  
*Signature of Processing Officer*

.....  
*Date final details entered in Membership Register*

.....  
*Print Name of Processing Officer*