

# MURUJUGA ABORIGINAL CORPORATION

## ICN 4629



ABN 51 627 395 274  
Post Office Box 1544, Karratha WA 6714  
Phone: 08 9144 4112 Fax: 08 9183 8130

### FULL MEMBERSHIP FORM

**\*MUST COMPLETE ALL ITEMS BELOW**

NAME (please print): .....

ADDRESS: .....

.....

PHONE NUMBER: ..... (HOME)

..... (MOBILE)

EMAIL: .....

DATE OF BIRTH: ...../...../.....

**I DECLARE THAT I AM A**

**I AM A DIRECT DESCENDANT OF...**

**MEMBER OF THE:**

(tick only one box below)

Please provide Parents & Grandparents Names and identify which Group they belong to below: **(all must be completed)**

**Ngarluma**

Mother: ..... Group: .....

**Yindjibarndi**

Father: ..... Group: .....

**Yaburara**

Grandmother: ..... Group: .....

**Mardudhunera**

Grandfather: ..... Group: .....

**Wong-Goo-Tt-Oo**

**NUMBER OF DEPENDENTS**

NAME: ..... D.O.B: .....

NAME: ..... D.O.B: .....

NAME: ..... D.O.B: .....

NEXT OF KIN: ..... PHONE NUMBER: .....

RELATIONSHIP: .....

BANK DETAILS: .....

BSB: ...../..... ACCOUNT: .....

MEDICARE NUMBER: .....

ALL APPLICATIONS MUST ATTACH A COPY of their Birth Certificate  
(Requirement for all applicants and dependents)

I CERTIFY THAT I AM OVER THE AGE OF 18 YEARS OF AGE

SIGNATURE: .....

\*NOTE: The membership form must be signed by the actual person making the application not by any third party.

DATE: ...../...../.....

.....

**FOR OFFICE USE ONLY:**

RECEIVED: ...../...../.....

CONSIDERED BY MURUJUGA ABORIGINAL CORPORATION

ON THE DAY OF 20.....

**RESOLUTION:**

APPROVED       REJECTED       REFER BACK TO APPLICANT

DIRECTOR: .....

DIRECTOR: .....

DIRECTOR: .....