



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: