MURUJUGA ABORIGINAL CORPORATION
FULL MEMBERSHIP FORM

ICN 4629 I ABN 51 627 395 274

Complete all items. **Applicants must attach a copy of their and their dependent/s' birth certificate/s.**

FULL NAME: (please print): .....

MAIDEN NAME: (if applicable): .....

ADDRESS: ……..……....

……...

HOME PHONE NUMBER:.....

MOBILE PHONE NUMBER:…… .....

EMAIL: …….

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

I CONFIRM THAT I AM OVER 18 YEARS OF AGE (tick box if true) ☐

I DECLARE THAT I AM A MEMBER OF THE FOLLOWING GROUP (tick one box only)

Yaburara ☐ Mardudhunera ☐ Ngarluma ☐

Yindjibarndi ☐ Wong-Goo-Tt-Oo ☐

DEPENDENTS

Print your dependents' full names and date(s) of birth. Dependents are only added to the applicant's membership if birth certificates for each dependent are provided.

Full name: …….. Date of birth: ...../...../.....

Full name: …….. Date of birth: ...../...../.....

Full name: …….. Date of birth: ...../...../.....

Full name: …….. Date of birth: ...../...../.....

Full name: …….. Date of birth: ...../...../.....

Full name: …….. Date of birth: ...../...../.....

Print your parents' and grandparents' full names and which group they belong to:

Mother's name:……. Group:……..

Father's name: ……..……. Group:……..

Grandmother's name (mother's side):…….. Group……

Grandfather's name (mother's side)……. Group……

Grandmother's name (father's side):……. Group……

Grandfather's name (father's side)…….. Group……

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Are you a member of a native title claim group and/or prescribed body corporate (PBC)?
(tick yes or no)

Yes ☐ No ☐ If yes, please specify which other group(s) and/or PBCs:……...

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What is your connection to one of MAC's language / contracting claim groups? (provide detailed information to explain your connection to one of the MAC language / contracting claim groups – attach additional pages if needed.)

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I DECLARE THAT THE INFORMATION I PROVIDED ON THIS FORM IS TRUE AND CORRECT:

SIGNATURE…… .. **DATE:** ...../...../.....

If you have questions about this form, call MAC on **0(8) 9144 4112**. Please return completed membership forms and all relevant documents including birth certificate(s) to MAC via:

Email: applications@murujuga.org.au;
In-person: MAC Headquarters, Lot 501 Griffin Rd, Burrup WA 6713; or
By post: PO Box 1544, Karratha WA 6714