

Wardingarri Aboriginal Corporation ICN: 8305

RNTBC

388 Dean Street, Frenchville Qld 4701

07 4926 6121

enquiries@wardingarri.org.au

Membership Form

I, _____

(First or given and surname or family including maiden name)

of _____

(Residential Address) – I prefer the newsletter sent by: post or email.

Email: _____

Tel _____ Fax _____ hereby apply for

membership of the **Wardingarri Aboriginal Corporation (WAC)**.

I claim to be an Iman person though my: mother or father (tick one)

The name of my family member from whom I claim Iman descent through is (may be parents, parental grandparents, or great grandparents):

_____ **(Name of Person)**

Nominated Iman Descent Group: _____

(Apical Ancestor)

I declare I am eligible for membership of WAC, and I am over 18 years of age (Please tick). My

date of birth is. _____ **(Insert Date of Birth)**

I principally identify as an Iman person even though I may also be eligible to be a member of another aboriginal native title group (please tick).

The person I nominate to vouch for me as an Iman person and as a referee is:

(Insert name, address, and telephone number of referee)

Signature: _____ **Date** _____

Please Note: If the Wardingarri Board requires further evidence they will request the following documentation.

Attach Evidence:

- Birth Certificate.
- Confirmed descendant from Apical Ancestor / Director Representative.
- Family Tree.
- Letter from Wardingarri Member or Apical Ancestor Representative.

Wardingarri Stamp Certification

Apical Ancestor Director / Representative Signature:

Apical Ancestor Director / Representative Name: Date:

Chairperson's Signature:

Chairperson Name:
Date:

Office Use Only: Updated Version (6) – FEB 2022

Date Membership Application Entered on ORIC ___/___/___ Initials: _____

Date Membership Application Entered on Wardingarri Membership ___/___/___
Initials: _____