



Wagyl Kaip
Southern Noongar
 Aboriginal Corporation

Application for membership of Wagyl Kaip Southern Noongar Aboriginal Corporation

To be eligible for membership you must be at least 18 years of age and have connection to the Wagyl Kaip Southern Noongar agreement group

Personal details

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			
Title		Surname	
First name		Middle name	
Preferred name		Date of birth ___ / ___ / ___	

Contact details

Home address		Postal address	
Suburb / town		Suburb / town	
State	Postcode	State	Postcode
Mobile phone		Home phone	Work phone
Email		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> Post Preferred contact method/s	

Family details

	Surname	Given name/s
Mother's maiden name		
Mother's mother's maiden name		
Mother's father's name		
Father's name		
Father's mother's maiden name		
Father's father's name		

Declaration

I hereby express my interest in becoming a member of the Wagyl Kaip Southern Noongar Aboriginal Corporation.
 I agree to abide by, and be bound by, the rules of the corporation.

Signed	Date ___ / ___ / ___
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PLEASE TURN PAGE OVER

