

# Expression of Interest in Membership of the



# Whadjuk

Aboriginal Corporation

A person who is eligible to apply for membership must be an individual who is at least 16 years of age and a Noongar person.

## PERSONAL DETAILS

Mr <input type="checkbox"/>	Surname			Date of Birth		
	Mrs <input type="checkbox"/>	First name			Middle name/s	
Ms <input type="checkbox"/>		Preferred name		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Other _____
Miss <input type="checkbox"/>	<input type="checkbox"/> Female				<input type="checkbox"/> Not Specified	
					<input type="checkbox"/> Non-binary	

## CONTACT DETAILS

Home address			Postal address				
Suburb/Town			Suburb/Town				
State		Postcode		State		Postcode	

*Please note you must provide at least one of the following forms of contact details for your application to proceed \**

* Mobile phone			* Home phone		
* Work phone			* Email address		
Preferred method of contact	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>		

## FAMILY DETAILS

*(please provide as much detail as possible in support of your application)*

	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 Whadjuk Aboriginal Corporation.  
I agree to abide by, and be bound by, the Rules of the Corporation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

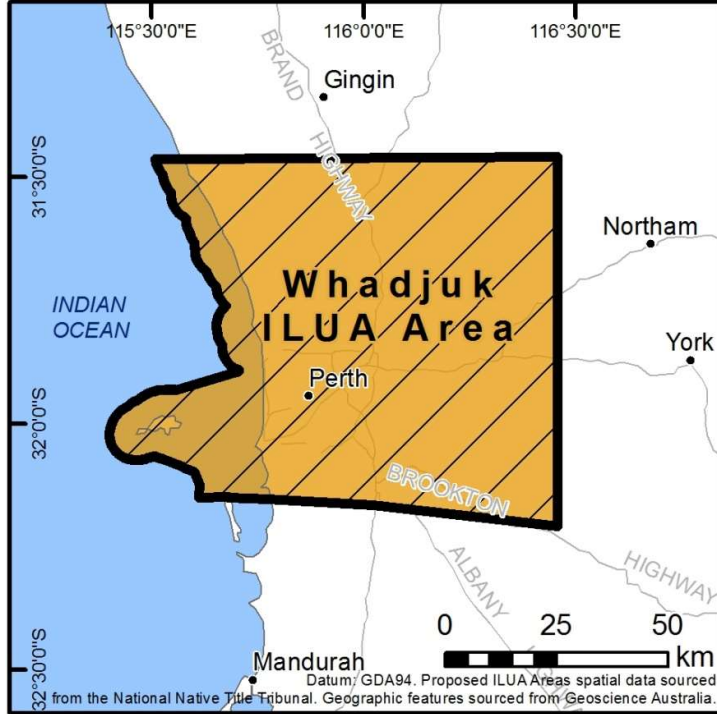
**PLEASE TURN PAGE OVER**



# Whadjuk

Aboriginal Corporation

A guide to towns located in the region



## WHADJUK

Armadale, Bayswater, Belmont, Cockburn, Fremantle, Joondalup, Kalamunda, Melville, Mundaring, Perth

### STATEMENT

*Please provide a statement below in support of your traditional connection to the Whadjuk region:*


**PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS ON BOTH PAGES**

PLEASE NOTIFY WHADJUK ABORIGINAL CORPORATION IF YOU CHANGE YOUR ADDRESS  
An acknowledgement letter will be forwarded to you upon receipt of your application.

**RETURN THIS FORM TO:**  
Suite 3 / 770 Canning Highway  
APPLECROSS WA 6153

**DIRECT ENQUIRIES TO:**  
Email: [kaya@whadjuknoongar.org.au](mailto:kaya@whadjuknoongar.org.au)  
Phone: (08) 7095 3560