Membership Application Form

I, _____ full name (Snr – Jnr) apply for membership of Kariyarra Aboriginal Corporation.

My address is:

_____

_____

Email: _____   Telephone: _____

(1)   My apical ancestor is:

☐	Jinapi	☐	Wirtinpangu (Jimmy)
☐	Dougal Robinson	☐	Puyubungu
☐	Yanki Williams	☐	Topsy McKenna
☐	Fanny	☐	Nyitji
☐	Maggie	☐	Tommy Anderson
☐	Fauntleroy (Pontroy)	☐	

(2)   My family tree is (if known):

Mother	....
Grandmother	....
Grandfather	....
Father	....
Grandmother	....
Grandfather	....

☐ I consent to the above information being included on the ORIC Register of Kariyarra Members*

Are you a member of another Indigenous Clain Group? Yes / No

If yes, Name of group _____

Do you receive any benefits from the Group relating to your membership? Yes / No

I declare that I am eligible for membership in accordance with the eligibility requirements set out in the Kariyarra Aboriginal Constitution namely that I am over 18 years of age and identify as a Kariyarra person.

Signature: ....

Date: ....

Please email this form to admin@kariyarra.com.au hand it in or post it to Kariyarra Aboriginal Corporation 23 Hamilton Road, PO Box 2629, South Hedland 6722

For Kariyarra Aboriginal Corporation Use Only:

☐	**Date Application Received:**	_____
☐	**Date of Director's meeting**	_____
☐	**Approved by Directors**	**Yes / No / Refer**
☐	**Date added to Register**	_____
☐	**Membership Information Sent**	_____
☐	**Contact Details updated**	_____
☐	**Date removed from Register**	_____