



WCCT NORTHERN SUB-REGIONAL TRUST
APPLICATION FOR “A” CLASS MEMBERSHIP

The Directors
WCCT Northern Sub-Regional Trust
ABN: 63 549 473 409
(The “Company”)

I,.....
(Full Name – Printed)

Of.....
(Traditional Owner Group)

Date of Birth.....

Postal Address.....

Street Address.....

Contact Phone Number.....

Apply for “A” class membership in the Company and agree to guarantee the Company to the following amount: \$1 (one dollar)

I agree to be bound by the constitution of the Company.

Date**20**.....
(Day) (Month) (Year)

.....
Signature of Applicant

FAMILY TREE FORM

Please complete the Family Tree below.
 This Family Tree must be completed in full to your
 Grandparents and preferably to your Great Grandparents
 where possible.



MOTHERS FAMILY TREE

FATHERS FAMILY TREE

Great Grandmother Name _____ _____ Traditional Owner Group	Great Grandmother Name _____ _____ Traditional Owner Group	Great Grandmother Name _____ _____ Traditional Owner Group	Great Grandmother Name _____ _____ Traditional Owner Group
Great Grandfather Name _____ _____ Traditional Owner Group	Great Grandfather Name _____ _____ Traditional Owner Group	Great Grandfather Name _____ _____ Traditional Owner Group	Great Grandfather Name _____ _____ Traditional Owner Group
Grandfathers Name _____ _____ Traditional Owner Group	Grandmothers Name _____ _____ Traditional Owner Group	Grandfathers Name _____ _____ Traditional Owner Group	Grandmothers Name _____ _____ Traditional Owner Group
Mother Name _____ _____ Traditional Owner Group		Fathers Name _____ _____ Traditional Owner Group	
Applicants Name _____ _____ Traditional Owner Group	Applicants Partner _____ _____ Traditional Owner Group		

For Official Use Only

Checked (initials of Sub-Regional Trust Chairperson): Dated:

Executive Officer (initials): Dated: