



## WCCT SOUTHERN SUB-REGIONAL TRUST

### APPLICATION FOR “A” CLASS MEMBERSHIP

The Directors  
WCCT Southern Sub-Regional Trust  
ABN: 57 687 065 776  
(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	

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### For Official Use Only

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

Executive Officer (initials): Dated: