



## CENTRAL SUB-REGIONAL TRUST

### APPLICATION FOR “A” CLASS MEMBERSHIP

The Directors  
WCCT Central Sub-Regional Trust  
ABN: 57 737 842 050  
(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<br>_____<br>_____<br>Traditional Owner Group | Great Grandmother Name<br>_____<br>_____<br>Traditional Owner Group | Great Grandmother Name<br>_____<br>_____<br>Traditional Owner Group | Great Grandmother Name<br>_____<br>_____<br>Traditional Owner Group |
| Great Grandfather Name<br>_____<br>_____<br>Traditional Owner Group | Great Grandfather Name<br>_____<br>_____<br>Traditional Owner Group | Great Grandfather Name<br>_____<br>_____<br>Traditional Owner Group | Great Grandfather Name<br>_____<br>_____<br>Traditional Owner Group |
| Grandfathers Name<br>_____<br>_____<br>Traditional Owner Group      | Grandmothers Name<br>_____<br>_____<br>Traditional Owner Group      | Grandfathers Name<br>_____<br>_____<br>Traditional Owner Group      | Grandmothers Name<br>_____<br>_____<br>Traditional Owner Group      |
| Mother Name<br>_____<br>_____<br>Traditional Owner Group            |   | Fathers Name<br>_____<br>_____<br>Traditional Owner Group           |   |
| Applicants Name<br>_____<br>_____<br>Traditional Owner Group        |   | Applicants Partner<br>_____<br>_____<br>Traditional Owner Group     |   |

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### For Official Use Only

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

Executive Officer (initials): Dated: