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)

Please select
Of……..
(Traditional Owner Group)

Date of Birth……..

Postal Address……..

Street Address……..

Contact Phone Number.....

Email Address……

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.

WCCCA
our country...our future

MOTHERS FAMILY TREE

Great Grandmother Name
_____
Please select
Traditional Owner Group

Great Grandmother Name
Please select
Traditional Owner Group

Great Grandfather Name
Please select
Traditional Owner Group

Great Grandfather Name
Please select
Traditional Owner Group

Grandfathers Name
_____
Please select
Traditional Owner Group

Grandmothers Name
_____
Please select
Traditional Owner Group

Mother Name
_____
Please select
Traditional Owner Group

FATHERS FAMILY TREE

Great Grandmother Name
Please select
Traditional Owner Group

Great Grandmother Name
Please select
Traditional Owner Group

Great Grandfather Name
Please select
Traditional Owner Group

Great Grandfather Name
Please select
Traditional Owner Group

Grandfathers Name
_____
Please select
Traditional Owner Group

Grandmothers Name
_____
Please select
Traditional Owner Group

Fathers Name
_____
Please select
Traditional Owner Group

Applicants Name
_____
Please select
Traditional Owner Group

Applicants Partner
_____
_____
Traditional Owner Group

For Official Use Only

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

Executive Officer (initials): Dated: