

APPLICATION FOR MEMBERSHIP FORM			
SECTION 1 - APPLICANT DETAILS			
First Name	Middle Name	Last Name	
SECTION 2 – APPLICANT MOTHER’S DETAILS			
Mother of Applicant:			
Grandmother (<i>Mothers Mother</i>) of Applicant:			
Grandfather (<i>Mothers Father</i>) of Applicant:			
SECTION 3 – APPLICANT FATHER’S DETAILS			
Father of Applicant:			
Grandmother (<i>Fathers Mother</i>) of Applicant:			
Grandfather (<i>Fathers Father</i>) of Applicant:			
SECTION 4 – CHILDREN’S DETAILS			
Child 1:		DOB:	___/___/___
Child 2:		DOB:	___/___/___
Child 3:		DOB:	___/___/___
Child 4:		DOB:	___/___/___
<i>If more than four (4) children, please attach documents.</i>			
SECTION 5 – PERSONAL DETAILS			
Date of Birth:			
Residential Address:		Town Post Code	
Postal Address:		Town Post Code	

Telephone No:		Mobile No:	
Email Address:			
SECTION 6 – BANK ACCOUNT			
BSB:			
Account No:			
SECTION 7 – TAX FILE NUMBER			
Tax File Number:			
SECTION 8 - SUPERANNUATION DETAILS			
Superannuation Fund:			
Member No:			
SECTION 9 – SIGN AND DATE			
Member Signature:		Date:	

Please attach proof of identification:

- COPY of your Birth Certificate.
- Copy of Family Tree (*if any*)
- Copies of any other documentation stating that you are Yindjibarndi (*if any*)

OFFICE USE ONLY	
Date application Received:	
Date application Approved or Declined: <i>(If declined – give reason)</i>	
Date entered on WMYAC Members List:	
Date entered on WMYAC Member Assistance Register:	
Date entered on WMYAC Member Mail-Out List:	
Date entered on ORIC website:	