

MEMBER PERSONAL INFORMATION FORM

Family name:		First name:	
Residential address: <i>(include unit number and street number):</i>			
Suburb/Town:		State:	Postcode:
Home phone:		Mobile:	Date of birth:
Postal address <i>(if different from above):</i>			
Email address:			
Name of banking institution:			
Name on account:			
BSB number:		Account number:	
Signature: _____ <i>Please note that for security reasons we cannot accept digital signatures on this form.</i>		Date: ____/____/____	

Please nominate one bank account only. This form is used by the Wirlu-murra Yindjibarndi Aboriginal Corporation to collect and record your personal details. Please ensure you sign and date this form before returning to:

Wirlu-murra Yindjibarndi Aboriginal Corporation

E: Admin@wmyac.com

F: 08 9182 157

PO Box 249, Roebourne WA 6718

Wirlu-murra Yindjibarndi Aboriginal Corporation respects the privacy of its Members. All information is subject to Australian Privacy Principles and related Australian Privacy legislations and regulations.