## **Membership Application Form**



are your known by arr	y other names?	No	Yes	
f Yes, please give deta	ils:			
Residential Address:				
Mailing Address:				
Date of Birth:		Cont	act Number:	
/ /		(	)	
Email Address:				
l am a Banjyma Persor	ı through my:			
	ı through my:			
I am a Banjyma Persor Mother	through my:		Mother's Name	
	through my:		Mother's Name	
Mother	through my:		Mother's Name Father's Name	
Mother	through my:			
Mother Father	through my:			
Mother Father	through my:		Father's Name	
Mother  Father  Grandmother	through my:		Father's Name	
Mother  Father  Grandmother  Grandfather		gistered	Father's Name  Grandmother's Name	

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Are you a claiman	t of another Native Title / Language Group Claim?	Yes No
Have you received	Charitable and/or Direct Benefits from other Claims?	Yes No
If yes, please state	which Native Title / Language Group Claim and any b	enefits received below:
Members a	o my name being entered onto the Register of Banjyma nd I agree to abide by the Banjyma Aboriginal Corpora o my name being provided to other Organisations relat froup Claims	ation Rule Book
Signature:		
Date:	/ /	
You mus	t include proof of identification with your Member Ap	plication Form.
	nbership Application Process is completed as per Clausership of the Corporation) of the Banjyma Aboriginal Co	
	end your completed Member Application Form and sunts to <a href="mailto:administration@bac3825.com.au">administration@bac3825.com.au</a>	pporting