APPLICATION FOR MEMBERSHIP (as per Rule 5)

ALL of the sections on this side of the form must be completed.

Membership of the Corporation is open to Aboriginal people at least 18 years of age and who identify as a PKKP person and are accepted by the PKKP People as such.

Mr, Mrs, Ms, Miss, Dr Other	Surname:		First Given Name:	Language Group:
Residential A	ddress:			
Suburb/Town:				Postcode:
Postal Addres	ss:			Postcode:
Home Phone No:			Mobile Phone No:	
Email Address:			Apical Ancestor (if known):	
Date of Birth:		Mother's Full Name (Maiden):		
Father's Full Name:		Spouse's Full Name:		
Paternal Grandmother's Full Name (Father's Mother's Maiden name):			Maternal Grandmother's Full Name (Mother's Mother's Maiden name):	
Paternal Gran	dfather's Full Name (Fathe	er's father):	Maternal Grandfather's	Full Name (Mother's father):
I confirm that	I have signed the Commu	nity Ratifica	ation Deed (please circle):
	`	YES	NO	
	nat under the Rule Book the Dour application for membersh			oration will not be able to accept by Ratification Deed.
I consent to P	KKPAC sharing my details	s with certa	in PKKP affiliated organ	isations (e.g. the Trust)
	`	YES	NO	
necessary. I agree to tell Pl	e above information in my ap KKPAC if I receive any benef er Native Title Claim or Lang	fits (financia	l or other) from a Native T	horise PKKPAC to verify as itle Agreement or another foundatio
I hereby apply to membership and	o become a Member of PKK d agree that I will, in good fa	P Aborigina ith and to th	I Corporation (PKKPAC). e best of my abilities, obe	I declare I am eligible for y and observe the Rule Book and on should my membership be
Signed			Date	
Witness name	[Print name]		. Signature	

PLEASE RETURN COMPLETED MEMBERSHIP APPLICATION TO: PKKPAC PO BOX 130 KARRATHA 6714 or info@pkkp.org.au

FOR ADMINISTRATION USE ONLY

APPLICANT NAME:

Application received: [date]					
IF APPLICANT ALREADY A PKKPAC MEMBER: STEP 1: Send a letter advising the applicant of their date of acceptance as a member. STEP 2: Letter posted to applicant advising they are current member: [date]					
APPLICATION INCOMPLETE: [briefly state reason] e.g. Has not signed Community Ratification Deed					
STEP 1: Letter posted to applicant advising reason: [date]					
APPLICATION COMPLETE: PKKPAC to consider application at next Directors Meeting.					
Submit for consideration at Directors meeting: [date of meeting]					
Accepted / Declined [delete as applicable] by Directors: [date of meeting]					
Resolution Number:					
Membership Register and database updated: [date]					
Letter of acceptance posted to applicant: [date]					
Updated Membership Register filed with ORIC: [date]					
Print Name of Processing Officer Signature of Processing Officer Date					
IMPORTANT A copy of this document must be kept on file by PKKPAC.					
APPLICATION CHECKLIST – OFFICE USE ONLY					
□ PKKP Aboriginal Corporation Application Form					
□ Contact details					
□ Ratification Deed					
☐ Beneficiary Registration Form (not obligated to be complete)					
☐ Peoples Trust Form (not obligated to be complete)					
☐ 100 points Identification					