

## APPLICATION FOR MEMBERSHIP

### PKKP Aboriginal Corporation RNTBC (ICN 7630)

**APPLICATION FOR MEMBERSHIP (as per Rule 5)**  
*Both pages of this form must be completed.*

**PLEASE RETURN YOUR COMPLETED MEMBERSHIP APPLICATION TO**

**Post:** PKKP Aboriginal Corporation, PO Box 130, Karratha WA 6714

**In person:** 7 Hedland Place, Karratha WA 6714

**Email:** [membership@pkkp.org.au](mailto:membership@pkkp.org.au)

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. **All** of the sections on this side of the form must be completed **by the Applicant**.

|  |  |                          |
|--|--|--------------------------|
| <b>Prefix (circle):</b><br>Mr, Mrs, Ms, Miss,<br>Dr, Other:                        | <b>Surname:</b>  | <b>First given name:</b> |
| <b>Residential Address:</b>  |  | <b>Language Group:</b>   |
| <b>Suburb:</b>   |  | <b>Postcode:</b>         |
| <b>Postal Address (if different from Residential Address):</b>                     |  | <b>Postcode:</b>         |
| <b>Phone Number:</b>   | <b>Email Address:</b>  |                          |
| <b>Date of Birth:</b>  | <b>Apical Ancestor:</b>  |                          |
| <b>Father's Full Name:</b>   | <b>Mother's Full Name (including maiden name):</b>                                 |                          |
| <b>Paternal Grandmother's Full Name (including maiden name) (Father's Mother):</b> | <b>Maternal Grandmother's Full Name (including maiden name) (Mother's Mother):</b> |                          |
| <b>Paternal Grandfather's Full Name (Father's Father):</b>                         | <b>Maternal Grandfather's Full Name (Mother's Father):</b>                         |                          |

I confirm that I have signed the **Community Ratification Deed** (please select):

Yes       No

Please note that under the Rule Book, PKKP Aboriginal Corporation will not be able to accept your application for membership unless you have signed a Community Ratification Deed.

I consent to PKKPAC sharing my details with PKKP affiliated organisations (eg the Trust):

Yes       No

Are you a member of another Native Title Group?

Yes       No

If you checked 'Yes' to the above, please provide a list of other native title groups which you are a member of or which you receive distributions from and dates that you last received any financial benefits:

.....  
.....

If you checked 'Yes' to the above, you must provide a letter confirming you are not currently receiving benefits from the listed Native Title Group(s).

Please provide any other documents or information in support of your application:

.....  
.....

Please attach the following supporting documents:

- 100 points of identification (must include Birth Certificate for your application to be considered).
- Marriage Certificate or Change of Name Certificate, if your name is different to your Birth Certificate.

**Declaration:**

I declare that the above information in my application is true and accurate and authorise PKKPAC to verify as necessary. I agree to tell PKKPAC if I receive any benefits (financial or otherwise) from a Native Title Agreement or another foundation related to another Native Title Claim or Language Group. I hereby apply to become a Member of the PKKP Aboriginal Corporation (**PKKPAC**). I declare I am eligible for membership and agree that I will, in good faith and to the best of my abilities, obey and observe the Rule Book and policies of PKKPAC and will, at all times, act in the best interests of the organisation should my membership be accepted.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Witness name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*May be any person over the age of 18 years*