

APPLICATION FOR MEMBERSHIP

PKKP ABORIGINAL CORPORATION RNTBC (ICN 7630)

APPLICATION FOR MEMBERSHIP (as per Rule 5)

Both pages of the form must be completed

PLEASE RETURN COMPLETED MEMBERSHIP APPLICATION TO:

PKKPAC PO BOX 130 KARRATHA 6714 or info@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 APPLICANT.

Mr, Mrs, Ms, Miss, Dr Other	Surname:	First Given Name:	Language Group:
Residential Address:			
Suburb/Town:			Postcode:
Postal Address:			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 Grandfather's Full Name (Father's father):		Maternal Grandfather's Full Name (Mother's father):	



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

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 (e.g. the Trust)

YES

NO

Are you a member of another native title group

Yes

No

If you circled 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:

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Applicants that circled yes to the above must provide a letter confirming they are not currently receiving benefits from the listed Native Title Group(s).

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

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Please attach the following supporting documents:

- 100 points of ID (must include Birth Certificate for application to be considered)
- Marriage certificate or change of name certificate, if your name 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 other) 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 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 Date.....

Witness name Signature.....