



Expression of Interest in Membership of the Wagyl Kaip Southern Noongar Aboriginal Corporation

***To be eligible to apply for membership you must be
at least 18 years of age and a Noongar person.***

PERSONAL DETAILS

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Surname			Date of birth	
	First name	Middle name/s			
	Preferred name				

CONTACT DETAILS

Home address				Postal address			
Suburb/Town				Suburb/Town			
State		Postcode		State		Postcode	
Mobile phone			Home phone			Work phone	
Email address							
Preferred method of contact	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Post	<input type="checkbox"/>	

FAMILY DETAILS

(please provide as much detail as possible in support of your application)

	Surname	Given name/s
Mother's maiden name		
Mother's mother's maiden name		
Mother's father's name		
Father's name		
Father's mother's maiden name		
Father's father's name		

DECLARATION

*I hereby express my interest in becoming a member of the Proposed Wagyl Kaip Regional Corporation.
I agree to abide by, and be bound by, the Rules of the Corporation.*

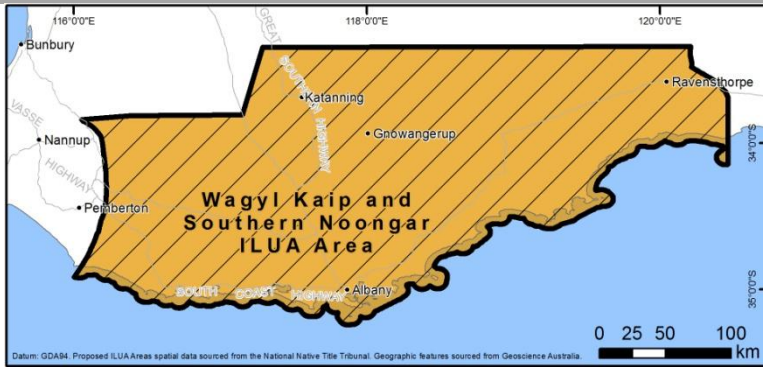
Signed:

Date:

I am a current SWALSC member (please circle): Yes No

PLEASE TURN PAGE OVER

A guide to towns located in the region



WAGYL KAIP

Albany, Boyup Brook, Broomehill, Cranbrook, Denmark, Gnowangerup, Jerramungup, Katanning, Kojonup, Ravensthorpe, Tambellup, Woodanilling, Walpole

STATEMENT

Please provide a statement below in support of your traditional connection to the Wagyl Kaip region:

Blank area for providing a statement.

PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS ON BOTH PAGES

RETURN THIS FORM TO:
South West Aboriginal Land and Sea Council
PO Box 6383
East Perth WA 6892

DIRECT ENQUIRIES TO:
Reception
(08) 9358 7400 or
freecall 1800 617 617