



Membership Application Form

Your details

Full name

Date of birth

Place of birth:

Address

City/Suburb

State

Email

Postcode

Phone

Yugunga-Nya Connection

Which Apical do you come from?

- Wilba
- Ward
- Wheelbarrow

- A member of the Dorizzi family
(Please specify which one)

If you are not connected to any of the above Apical ancestors, on what basis do you believe that you are connected to the Yugunga-Nya native title claim group?

Please provide details of your connection to the Apical

Your Mother's family

Mother's full name

Mother's birth place

Mother's date of birth

Full name of Mother's Mother

Full name of Mother's Father

Your Father's family

Father's full name

Father's birth place

Father's date of birth

Full name of Father's Mother

Full name of Father's Father

Your children

Full name and date of birth of your children

Are you a native title holder on any native title group?

Yes No

Please provide any other information to show your connection to Yugunga-Nya Country

Please provide any other information to show recognition as a Yugunga-Nya person

Please draw your family tree showing your connection to an apical family.

Trust Information

(If you get money from the Trust, you will need to tell the ATO and Centrelink)

Name of Bank

BSB

Account No.

Tax File No.

Do you receive benefits from another native title group?

Yes

No

Declaration

I declare that:

I am aged 18 years or over.

I identify as a member of the Yugunga-Nya People.

I am willing to be bound by the rules of YN PBC.

Please provide a copy of a birth certificate and photo identification (e.g. drivers licence)

I acknowledge that when I submit this application to YN PBC, it will be a collection of my personal information (including sensitive information) by YN PBC. I consent to YN PBC collecting and holding my personal information (including sensitive information), sharing it with Fiduciary Administration Services for purposes associated with the Register of YN People, Register of YN PBC Members and Register of Beneficiaries.

Applicant Signature

Witness Signature

Date

Please send completed forms and supporting documents to YN PBC

Email: admin@ynpbc.com.au

Mail: 53 Burswood Road, Burswood, WA 6100

EACH MEMBER OF THE CORPORATION HAS THE FOLLOWING RESPONSIBILITIES

Rule Book Clause 5.3.2

- a) to comply with the CATSI Act and the Rule Book
- b) to notify the Corporation of any change of address within 28 days
- c) to comply with any Code of Conduct adopted by the Corporation
- d) to treat other Members, the Elders Council (if any) and the Directors with respect and dignity
- e) to no behave in a way that significantly interferes with the operation of the Corporation or of Corporation meetings
- f) not to make improper use of information or opportunities received because of their position as Members or Directors
- g) not to make any public statement on behalf of the Corporation unless authorised by the Directors

To be completed by YN PBC

Name of Applicant

Date of Board meeting

Application tabled at Board meeting

Directors accepted person as a YN Person

Directors refused person as a YN Person

Date application was referred to TAC to be considered as a beneficiary and response

Date application was received

Was the application accepted?

Yes, accepted

No, not accepted

Directors determined person eligible for inclusion of these Registers

Yes

No

If accepted

Applicant advised in writing

Date	<input type="text"/>
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Entered on the Register of YN People (YN PBC)

Date	<input type="text"/>
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Entered on Register of YN PBC Members (YN PBC)

Date	<input type="text"/>
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Entered on the Register of Beneficiaries (FAS)

Date	<input type="text"/>
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If refused

Applicant advised in writing and reasons provided

Date	<input type="text"/>
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Reason	<input type="text"/>
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CEO or YN PBC Chair