



## Membership Application form

To the Directors, I hereby apply to become a member of the Malgana Aboriginal Corporation and provide my details as follows:

<b>Full Name</b>			
<b>Date Of Birth</b>			
<b>Phone</b>		<b>Mobile</b>	
<b>Email Address</b>			
<b>Residential Address</b>			
<b>Postal Address</b>			
<b>Which Malgana Apical ancestor are you descended from (Please tick <input checked="" type="checkbox"/>)</b>			
Julia Sapie Odene (aka Julia Thompson)	<input type="checkbox"/>	Withia	<input type="checkbox"/>
Hookey (Ookey)	<input type="checkbox"/>	Nellie Peters	<input type="checkbox"/>

**My Malgana connection is as follows:**

	<b>Mother</b>	<b>Father</b>
<b>Your Mother &amp; Father</b>		
<b>Their Mother</b>		
<b>Their Father</b>		
	<b>My mother's mum &amp; dad above</b>	<b>My father's mum and dad above</b>

Please attach copy of birth certificate

I request that the Malgana Aboriginal Corporation includes my details on the Register of Malgana People as required by rule 5 of the rule book.

Please tick to indicate  Yes  No

**I agree to carry out my responsibilities as a member of the corporation as required by the rule book:**

- (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 and the Directors with respect and dignity;
- (e) to not 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; and
- (g) not to make any public statement on behalf of the Corporation unless authorised by the Directors.

Please tick to indicate  Yes  No

**I agree to carry out my responsibilities as a member of the corporation, I commit to be bound by the objectives of the corporation's rules and support its objectives.**

Please tick to indicate  Yes  No

**I declare I am 18 years of age or over and I am a member of the Malgana people**

Signed by Member: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return: VIA EMAIL TO: [info@malgana.org.au](mailto:info@malgana.org.au) | VIA POST TO: PO Box 132, DENHAM WA 6537**

Date Received	
Initial by Contact person	
Received via Post / Email / In Person	