

dambimangari

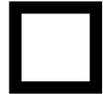
A b o r i g i n a l C o r p o r a t i o n

APPLICATION FOR MEMBERSHIP

To the Governing Committee

I seek your approval in becoming a registered Member of the Dambimangari Aboriginal Corporation. I understand that as an adult (over 18 years) and a Traditional Owner/Custodian of the Dambimangari Claim, I am entitled to become a member.

Membership Number



Surname		
First Name/s		D.O.B
Residential Address		
Postal Address		
Telephone/ Mobile		
Email Address		
Clan Group		
Family Group		
Names of children under 18 years <i>(Please use back of application if you require more space)</i>		

Mother's Side		Father's Side	
Names	Dambi yes/no	Names	Dambi yes/no
Your mother's Name:		Your father's Name:	
Grand Mother's name:		Grand Mother's name:	
Grand Father's name:		Grand Father's name:	

Signature _____

Date: _____

Date Received: _____

By: _____

Office Use Only

Approved by Dambimangari Governing Committee:.....

Date: