



South West Aboriginal
Land and Sea Council
Aboriginal Corporation

Expression of Interest in Membership of the Proposed Yued Regional Corporation

A person who is eligible to apply for membership must be an individual who is 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 Yued Regional Corporation.
I agree to abide by, and be bound by, the Rules of the Corporation.*

Signed:

Date:

PLEASE TURN PAGE OVER

A guide to towns located in the region



YUED

Bindoon, Chittering, Coorow, Dalwallinu, Dandaragan, Gingin, Greenhead, Guilderton, Moora, Wongan Hills

STATEMENT

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

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PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS ON BOTH PAGES

PLEASE NOTIFY SWALSC IF YOU CHANGE YOUR ADDRESS
An acknowledgement letter will be forwarded to you upon receipt of your application.

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