



Schedule 2 – Application for membership form

All items marked with a * **must** be answered

PERSONAL DETAILS

Full Name*: _____

Other/Traditional Names: _____

Phone Number: _____

Email Address: _____

Date of Birth*: _____

Place of Birth: _____

Street Address*: _____

House No: _____ Community/Street: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address*: (Tick if address is same as above)

House No: _____ Street Name: _____

Suburb: _____ State: _____ Postcode: _____

FAMILY DETAILS:

To become a member of WDLAC we need to determine how you are connected to Martu

Who are your parents and/or grandparents?

Name of Martu person for our Contact?

Please provide any other information that you think might help the Board determine that you are of Martu descent.

* Which Sub Group (Area) do you belong to? (Please tick ✓ the appropriate group)	Karlamyingurrara		Pitjkarli	
	Ngayunanalku		Rirrakaja	
	Pilakaja		Walakaja	
	Not Sure			



* What is your Language Group? (Please tick ✓ the appropriate group)	Kartujarra		Kiyajarra	
	Kurajarra		Manyjilyarra	
	Ngulipartu		Nyiyaparli	
	Pitjjarli		Putjarra	
	Warnman		Mangala	
	Nangajarra		Jiwally	
	Ngurrara who identify as Walmajarri		Ngurrara who identify as Mangala	
	Ngurrara who identify as Wangkajunka		Ngurrara who identify as jiwally	
	Ngurrara who identify as Manyjilyarra		Not sure	

Confirmation and Agreement

By signing this document you are applying to become a member of *Western Desert Lands Aboriginal Corporation (Jamukurnu Yapalikunu) (WDLAC)* and are agreeing that:

- You have completed this document with all required personal details;
- You are over 18 years of age; and
- You agree to follow the members' Code of Conduct at all times.

Your Signature:	Date:
Witness signature:	Witness Name:
Please note: <ul style="list-style-type: none"> • Your application is to be presented to the Board. • You are not a member until the Board has approved your application. • WDLAC will advise you in writing of the outcome of your application. • Your contact details are important – this is how we contact you for meetings and the Martu Charitable Trust confirms your membership. • PLEASE NOTIFY US IF YOU CHANGE YOUR ADDRESS OR PHONE NUMBER. 	

Please **post or email** this completed form (**2 pages**) to WDLAC at:

Address: Level 3, 130 Royal Street, East Perth WA 6892

Email: admin@wdlac.com.au

OFFICE USE ONLY

WDLAC Received application:	
Application presented to the Board of Directors:	Outcome:
Entered on registered:	Outcome Advised:
Notes (including follow up notes):	