



# Expression of Interest in Membership of the Proposed Whadjuk 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		

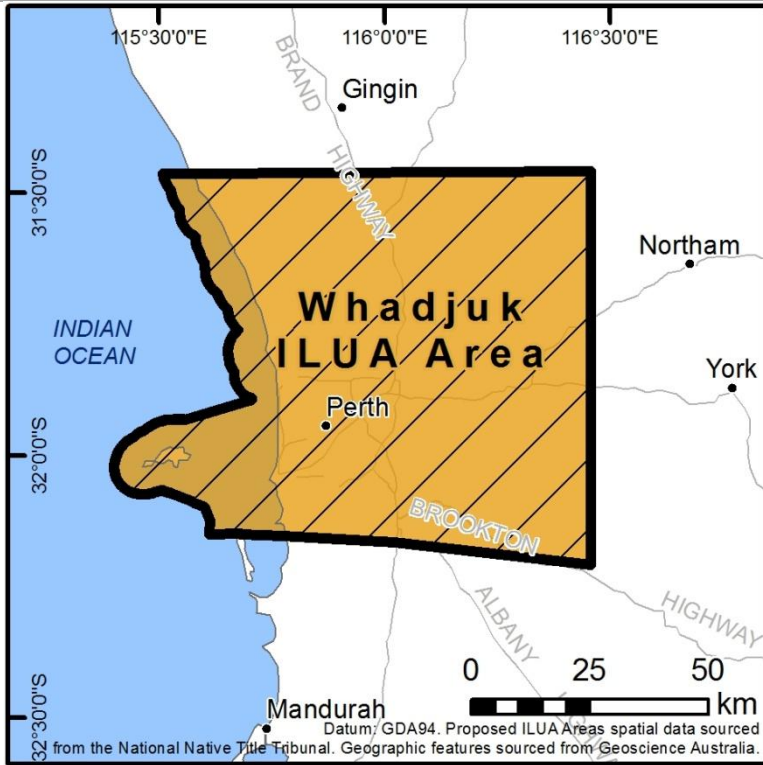
## DECLARATION

*I hereby express my interest in becoming a member of the Proposed Whadjuk Regional Corporation.  
I agree to abide by, and be bound by, the Rules of the Corporation.*

Signed:

Date:

**PLEASE TURN PAGE OVER**



**WHADJUK**  
Armadale, Bayswater, Belmont, Cockburn, Fremantle, Joondalup, Kalamunda, Melville, Mundaring, Perth

**STATEMENT**

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


**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 585  
CANNINGTON WA 6987

**DIRECT ENQUIRIES TO:**  
Reception  
(08) 9358 7400 or  
freecall 1800 617 617