

Expression of Interest in Membership of the Proposed Gnaala Karla Booja Regional Corporation

To be eligible to apply for membership you must be at least 18 years of age and a Noongar person.

							P	ERSONAL	DET	AILS							
Mr Mrs Ms Miss		Surr	ame									Date of birth					
		First name							Middle	name/s							
		Pref nam	erred e														
							C	ONTACT	DET	AILS							
Home	addr	ess								Postal address							
Suburb/Town									Suburb/Town								
State						Postcode			State				Postcode				
Mobile phone						Home phone							Work phone				
Email		ess						1							1		
Preferred method of contact			Email]		Phone				Post					
				(please p	rovi	de as muc	h de	FAMILY I etail as pos			rto	of your	application)			
				Surname						Giv			iven name/s	ven name/s			
Mothe maide		ne															
Mother's mothe maiden name			r's														
Mother's father's name																	
Fathe																	
Fathe maide			-'s														
Fathe father		me															
								DECLAR	RATIO	N							

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

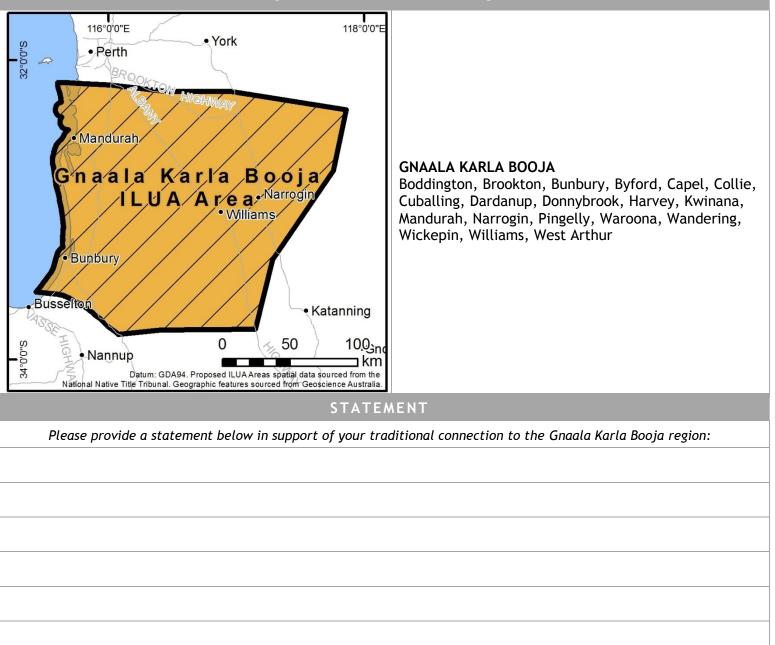
Signed:

Date:

I am a current SWALSC member (please circle): Yes No

PLEASE TURN PAGE OVER

A guide to towns located in the 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:	DIRECT
South West Aboriginal Land and Sea Council	Recepti
PO Box 6383	(08) 93
East Perth WA 6892	freecal

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