



**Wungening Aboriginal Corporation**  
 Healing Aboriginal Peoples:  
 Mind, Body and Spirit



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## APPLICATION FOR MEMBERSHIP

Wungening Constitution is available to download from [www.wungening.com.au](http://www.wungening.com.au) or a copy can be posted on request.

In accordance with Wungening Constitution section 5.6 a subscription fee \$5.00 GST Inc. is required with this application. Wungening Aboriginal Corporation membership is valid for a calendar year which means a period from and including 1 January to 31 December in a year.

This membership is for **01 January to 31 December** \_\_\_\_\_. (Please complete the year.)

Please tick the relevant box for this application:  New Membership  Membership Renewal

MEMBERSHIP DETAILS		
Name:	_____	
Address:	_____	
Mobile:	_____	Other Phone: _____
Email Address:	_____	
Do you approve email correspondence?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1. Are you 18 years or older?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Date of Birth ____/____/____		
2. Are you Aboriginal?0	<input type="checkbox"/> yes	<input type="checkbox"/> no
3. Do you reside in the Perth metropolitan area?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4. Are you an Employee of the Corporation	<input type="checkbox"/> yes	<input type="checkbox"/> no
I agree to comply with all provisions of Wungening Constitution:		
Signature: _____	Date: _____	
Reason for seeking membership:		

PAYMENT METHOD		
<input type="checkbox"/> In Person	<input type="checkbox"/> by Cheque	<input type="checkbox"/> EFT
Account details:		
WESTPAC BSB: 036-058 ACC NO: 0299274 (please use your name as a reference)		
Your reference details:		

OFFICE USE ONLY - BOARD OF DIRECTOR ENDORSEMENT	
The Directors have considered this Application	
The Board of Directors have endorsed this application.	<input type="checkbox"/> yes <input type="checkbox"/> no
(If NO the Board will advise the applicant in writing of the decision and the reasons for it.)	
The member application was presented at the Board meeting on	____/____/____
The Director by majority approved this application:	Date: _____
<b>Office Bearer (Secretary):</b> (Print Name)	<b>Signature:</b>