

Schedule 3—Application for membership form (Common Law Holder Member)



**Southern West Yiradyuri Clans Land, Water and Sky Country
Aboriginal Corporation ICN 9989**

To: The directors, Southern West Yiradyuri Clans Land, Water and Sky Country
Aboriginal Corporation

I apply to be a member of the corporation

Name:

Residential address:

Postal address:

Email:

I am over the age of 18: Yes No

I declare that I am a Southern West Yiradyuri Person (defined at Schedule 1) and am eligible for membership and have completed the form at Schedule 3A - Family tree information and recognition as a common law holder.

A member who can confirm that I am a common law holder is:

.....

Which family group do you belong to
.....

I agree to follow the rules of the corporation and consent to be a member. I acknowledge that if I am not a common law holder, the common law holders will need to consent to me being appointed as a member.

Signature of applicant
.....

Date
.....

Corporation use only

Application received	Date:
If applicable, common law holders consent to non-common law holder becoming a member	Date:
Application tabled at directors' meeting	Date:
Directors consider applicant is eligible for membership	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> More information required
Directors approve the application	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If approved, new members' details added to register of members	Date:
Applicant notified of directors' decision	Date:

Schedule 3A — Family tree information and recognition as a common law holder

Southern West Yiradyuri Clans Land, Water and Sky Country
Aboriginal Corporation

ICN 9989



If you are applying for membership as a Common Law Holder Member, you must confirm your genealogical connection to your apical ancestor. The Board will review your application and any evidence provided to verify your connection and lineage.

Please complete the table below with the name of each ancestor in your line that goes back to your apical ancestor. Please attach any evidence (e.g. birth and death certificates) you have that can support your application.

Name of your apical ancestor:

Ancestor	Relationship (tick relevant boxes)	Ancestor's name
Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father	
Grandparent	<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather	
Great Grandparent	<input type="checkbox"/> Great Grandmother <input type="checkbox"/> Great Grandfather	
2 x Great Grandparent	<input type="checkbox"/> 2x Great Grandmother <input type="checkbox"/> 2x Great Grandfather	
3 x Great Grandparent	<input type="checkbox"/> 3x Great Grandmother <input type="checkbox"/> 3x Great Grandfather	

Please list the name of any documents you've attached to support your application:

