



MEMBERSHIP APPLICATION FORM

Your Name:	
Home Phone:	Mobile:
Postal Address:	
Street Address:	
Email:	Date of Birth:

I hereby apply to become a member of Waardi Limited. I declare I am eligible to be a member of the Goolarabooloo Jabirr Jabirr Native Title Claim Group and I am over the age of eighteen years.

I understand that once I become a member of Waardi I am bound by the provisions of the Waardi constitution, which sets out my rights and obligations as a Waardi member. A copy of the Waardi constitution is available from the Waardi office on request.

I consent to Waardi Limited making any relevant details available to any Waardi Limited owned entity and where legally required, to other organisations

Signed:	Witness:
Date:	

Apical Ancestors:

Please circle which of the following Apicals you are descended from:

Nelagumia Mary "Maudie"

Wallai William

Nyobing Babere

Chimbere Sitocay

Paddy Roe

Frank Dixon

Appolonia

Keleregado

Milare

Bornal

(Office use only)

Date Received
PO Box 8430
BROOME WA 6725

Date Approved
11 Coghlan Street
BROOME WA 6725

Date Applicant Advised:.....
Tel: (08) 9192 2713
Email: admin@wardi.com.au

Membership No.