



**APPLICATION FOR MEMBERSHIP OF PORT CURTIS  
CORAL COAST LIMITED ACN 166 697 669**

**TO: THE DIRECTORS OF PORT CURTIS CORAL COAST LIMITED**

I, \_\_\_\_\_ OF \_\_\_\_\_  
(name) (address)

**TELEPHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**AM OVER THE AGE OF 18 AND SEEK TO APPLY FOR MEMBERSHIP OF THE CORPORATION THROUGH**

**MY ANCESTRAL GROUP**

(please tick appropriate ancestral Group)

- Gurang**
- Gooreng Gooreng**
- Byellee**
- Bunda**

**PCCC APICAL ANCESTOR:** \_\_\_\_\_

*Please Identify Apical Ancestor*

*To Support your Application for Membership, please provide family names connected to the Apical Ancestor listed above:*

**I HEREBY SIGN AND DECLARE THAT THE INFORMATION PERTAINED HEREIN IS TRUE AND CORRECT AND  
I AGREE TO BE BOUND BY THE RULES OF THE CORPORATION, CONSENT TO BECOME A MEMBER:**

**DATED THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20**

\_\_\_\_\_  
*(signature of Applicant)*

\_\_\_\_\_  
*(witness)*

**DISCLOSURE:**

This form will not be considered valid unless signed by the person seeking membership and a box is ticked to confirm the applicable ancestral group.

The application will be reviewed by the Directors and written consent accepting or declining the membership will be sent in 28 days of receipt of this application.