



APPLICATION FOR MEMBERSHIP OF PORT CURTIS CORAL COAST LIMITED

Port Curtis Coral
Coast Trust Ltd
2 Marina Drive
BURNETT HEADS Q 4670

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reception@pccctrust.com.au
PO Box 537
BUNDABERG Q 4670

TO: THE DIRECTORS OF PORT CURTIS CORAL COAST LIMITED

I, _____ OF _____ D.O.B: / /
(name) (address)

EMAIL: _____ TELEPHONE: _____

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:

Please provide us with a family tree on attachment 1

**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 people by the person seeking membership and a box is ticked to confirm the application the applicable ancestral group. The application will be reviewed by the Directors and written consent accepting or declining the membership will be sent of receipt after the PCCC Board Meeting.

FAMILY TREE



Your Name:

Your Mother's Name:

Your Father's Name:

Grandmother's Name:

Grandmother's Name:

Grandfather's Name:

Grandfather's Name:

Great Grandmother's Name:

Great Grandmother's Name:

Great Grandfather's Name:

Great Grandfather's Name:

Great Great Grandmother's Name:

Great Great Grandmother's Name:

Great Great Grandfather's Name:

Great Great Grandfather's Name: