



Port Curtis Coral Coast Trust Limited

APPLICATION FOR MEMBERSHIP OF PORT CURTIS CORAL COAST LIMITED



Port Curtis Coral
Coast Trust Ltd
Level 1, 3 Maryborough St
BUNDABERG S Q 4670



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BUNDABERG Q 4670

TO: THE DIRECTORS OF PORT CURTIS CORAL COAST LIMITED

I, _____ OF _____
(Full Name) (Address)

City: _____ State: _____ Postcode: _____ D.O.B: / /

Telephone: _____ Email: _____

SEEK TO APPLY FOR MEMBERSHIP OF THE CORPORATION THROUGH

MY ANCESTRAL GROUP

(Please tick appropriate ancestral group)

- | | |
|--|--|
| <input type="checkbox"/> Bilal | <input type="checkbox"/> Gooreng Gooreng |
| <input type="checkbox"/> Gurang | <input type="checkbox"/> Taribelang Bunda |

PCCC APICAL ANCESTOR: (Please Identify) _____

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)

(Signature of 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 in 28 days of receipt of this application.