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

(07) 4167 0037
reception@fnbgggtb.com.au
PO Box 537
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)

☐ **Bailai** ☐ **Gooreng Gooreng**

☐ **Gurang** ☐ **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 is only valid if signed by the applicant and if an ancestral group box is checked. Applications will be reviewed by the Board of Directors, and written notification of approval or decline will be sent within 28 days of receipt.