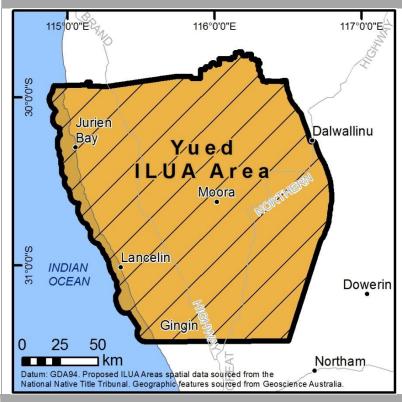


## Expression of Interest in Membership of the Proposed Yued Regional Corporation

A person who is eligible to apply for membership must be an individual who is at least 18 years of age and a Noongar person.

						P	ERSONAL	DET	TAILS				
Mr 🗆	Surn	name						ı		Date of birth			
Mrs □ Ms □ Miss □	First name							Middle name/s					
		Preferred name											
						C	ONTACT	DET	AILS				
Home addr	ess							Postal	address				
Suburb/Town								Suburb/Town					
State					Postcode			State			Postcode		
Mobile phone					Home ph		ne phone				Work phone		
Email addre													
method of contact		Email					Phone			Po	st		
			(please pi	rovi	de as muc	h de	FAMILY I etail as pos			t of your a	pplication)		
					Surname					Giv	en name/s		
Mother's maiden nar	me												
Mother's mother's m name	naide	n											
Mother's father's na	me												
Father's na	ıme												
Father's mother's m name	naide	n											
Father's father's na	me												
							DECLAR	RATIO	N				
		I hereb					ming a mem nd be bound				gional Corpo ntion.	ration.	
Signed:								Date:					

## A guide to towns located in the region



**YUED** 

Bindoon, Chittering, Coorow, Dalwallinu, Dandaragan, Gingin, Greenhead, Guilderton, Moora, Wongan Hills

A			
$\Lambda$	= M	F N I	

Please provide a statement below in support of your traditional connection to the Yued region:

## PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS ON BOTH PAGES

PLEASE NOTIFY SWALSC IF YOU CHANGE YOUR ADDRESS

**RETURN THIS FORM TO:** 

South West Aboriginal Land and Sea Council PO Box 6383 East Perth WA 6892 **DIRECT ENQUIRIES TO:** 

Reception (08) 9358 7400 or freecall 1800 617 617