



## MEMBERSHIP FORM

### Wamba Wamba Aboriginal Corporation

ICN 7839

Your membership information will be submitted to the Office of the Registrar of Indigenous Corporations (ORIC). Members must be 16 years plus. Under the Privacy Act we are collecting your information for Wamba Wamba related ceremonies, corroborees and communications and we will not share your information with any third party. Please note that your full address is required for ORIC registration, but your address will not be made public.

Our current Board Members in 2025 are:

**Nakia Firebrace, Jason Kelly, Robert Nicholls, Lisa Thorpe, Lowana Moore**

1. Your email address : \_\_\_\_\_
2. Your date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Your preferred title Dr/Mr/Ms/Mrs/Miss/Mx
3. First Name \_\_\_\_\_ Last name \_\_\_\_\_
4. Street Address \_\_\_\_\_
5. Town/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_
6. Phone number/s (H) \_\_\_\_\_ (Mob) \_\_\_\_\_
7. Please confirm you agree to the collection of your details above for the Wamba Wamba

Aboriginal Corporation ICN 7839

☐ YES ☐ NO



- 8. The list below contains the names of the Wamba Wamba Apical Ancestors. Please select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> George Allen               | <input type="checkbox"/> John Moore                       |
| <input type="checkbox"/> Jemima Burns               | <input type="checkbox"/> Sarah Moore / Mayne              |
| <input type="checkbox"/> Koombra Alexander Campbell | <input type="checkbox"/> William Sampson                  |
| <input type="checkbox"/> William Day                | <input type="checkbox"/> Mary/Margaret Smith              |
| <input type="checkbox"/> Eliza Edwards              | <input type="checkbox"/> Kathleen/Kitty & Walin (Stewart) |
| <input type="checkbox"/> Henry Edwards              | <input type="checkbox"/> Mary Tattambo                    |
| <input type="checkbox"/> Edward Firebrace           | <input type="checkbox"/> Robert Taylor                    |
| <input type="checkbox"/> Edward Joachim             | <input type="checkbox"/> Richard & Sarah Wilson/Crow      |
| <input type="checkbox"/> Ernest McGee               | <input type="checkbox"/> (Agnes Edwards)                  |

Please attach your connection to a Wamba Wamba Apical Ancestor in the Family Tree section at the end of this form.

- 9. We will update you on our activities and opportunities via email predominantly. Please let us know your preferred method of contact should we need to clarify any of the above information**

☐ SMS      ☐ Email      ☐ Post

- 10. Please add the name and mobile number of a Wamba Wamba member as a reference for your application.**

NAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

Please check the boxes to confirm the following:

- ☐ I accept the membership conditions according to the [WWAC Rule Book](#)
- ☐ I am a Wamba Wamba descendant and am eligible for membership of the Wamba Wamba Aboriginal Corporation
- ☐ The details entered above are to the best of my knowledge true and correct.
- ☐ The attached family tree connects to a Wamba Wamba Apical Ancestor

Director Signature \_\_\_\_\_

Gnerrick Gnerrick Signature \_\_\_\_\_

**Please contact us by email:**

[membership@wambawemba.com](mailto:membership@wambawemba.com)

**OFFICE USE ONLY:**

Directors meeting date:

Decision:

- ☐ Accept Application
- ☐ Reject Application
- ☐ Referred to Sovereign Elders Council



## FAMILY TREE INFORMATION

This will be used to support your connection to an Apical Ancestor

Name of Apical Ancestor \_\_\_\_\_

Connection to Apical Ancestor

Mother

Father

(please circle)

Name (Mother or Father)	Partner Name
Grandfather	Grandmother
Great Grandfather	Great Grandmother
Great Great Grandfather	Great Great Grandmother
Great Great Great Grandfather	Great Great Great Grandmother
Great Great Great Great Grandfather	Great Great Great Great Grandmother