MEMBERSHIP APPLICATION FORM

Wamba Wemba
Aboriginal Corporation

ICN 7839

Thank you for your interest in becoming a member of the Wamba Wemba Aboriginal Corporation (WWAC).

Membership is determined in accordance with the rules set out in the WWAC Rule Book, which complies with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*. To be eligible, applicants must:

- Be at least 16 years of age;
- Identify as a Wamba Wemba person;
- Be able to demonstrate descent from at least one ancestor.

Mandatory Application Requirements

To ensure your application is considered, please ensure the following are included:

1. Completed Membership Application Form;
2. Copy of your Birth Certificate;
3. Full Genealogy/Family Tree demonstrating your connection to a Wamba Wemba apical ancestor;
4. Your own signature – applications cannot be completed or signed on behalf of others.

Applications that are incomplete or missing required documentation cannot be processed.

Need Help with Your Genealogy?

If you need assistance compiling your family tree, you may find the following resources helpful:

- Connection to Country book by Rod Hagen and Graham Atkinson, available at: www.wambawemba.com/members
- Free genealogy support services:
    - Link-Up Victoria – www.linkupvictoria.org.au
    - Koorie Heritage Trust – www.koorieheritagetrust.com.au
    - AIATSIS Family History Unit – aiatsis.gov.au/family-history
    - State Library of Victoria – Koorie Collections – www.slv.vic.gov.au

What Happens Next?

Once your application is submitted:

- It will be reviewed by the WWAC Board of Directors;
- You will be notified of the outcome within 4 weeks of submission.

If approved, your membership details will be submitted to the Office of the Registrar of Indigenous Corporations (ORIC). Please note that your full residential address is required for ORIC registration, but your address will not be made public.

membership@wambawemba.com
PO Box 241
Swan Hill, Vic, 3585

Privacy Notice

Under the *Privacy Act*, your information is collected for purposes related to:

- Genealogy mapping;
- Cultural ceremonies and corroborees;
- Communication with members.

Your information will not be shared with third parties.

WWAC Board of Directors (2025)

- Nakia Firebrace
- Jason Kelly
- Robert Nicholls
- Lisa Thorpe
- Lowana Moore

We appreciate your commitment to the Wamba Wemba community. Please complete the form carefully and submit all required documents.

1. Your email address : _____
2. Your date of birth _____/_____/_____(attach your Birth Certificate with application)
3. Your preferred title Dr/Mr/Ms/Mrs/Miss/Mx
4. First Name_____ Last name _____
5. Street Address _____
6. Town/Suburb _____Postcode _____ State _____
7. Phone number/s (H)_____ (Mob)_____
8. Please confirm you agree to the collection of your details above for the Wemba Wamba Aboriginal Corporation ICN 7839 ☐ YES ☐ NO

9. The list below contains the names of the Wemba Wamba Apical Ancestors. Please select all that apply.

☐ George Allen
☐ Jemima Burns
☐ Koombra Alexander Campbell
☐ William Day
☐ Eliza Edwards
☐ Henry Edwards
☐ Edward Firebrace
☐ Edward Joachim
☐ Ernest McGee
☐ John Moore
☐ William Sampson
☐ Mary/Margaret Smith
☐ Kathleen/Kitty & Walin (Stewart)
☐ Mary Tattambo
☐ Robert Taylor
☐ Richard & Sarah Wilson/Crow (Agnes Edwards)

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

10. 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

11. Please add the name and mobile number of a Wamba Wemba 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 Wemba descendant and am eligible for membership of the Wamba Wemba Aboriginal Corporation

☐ The details entered above are to the best of my knowledge true and correct.

☐ The attached family tree connects to a Wamba Wemba Apical Ancestor

Signature of person making application (mandatory)

_____

Director Signature _____

Gnerrick Gnerrick Signature _____

OFFICE USE ONLY:

Directors meeting date:
Decision:

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

Please contact us by email: membership@wambawemba.com

FAMILY TREE INFORMATION

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

Before returning this form, please ensure your tree is complete with each family member from Applicant to 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**

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