#### 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:
  - o 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.



#### **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			
		Postcode State		
7.	Phone number/s (H)	(Mob)		
8.	Please confirm you agree to the collection of your details above for the Wemba Wamba Aborigin			
	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		☐ John Moore	☐ John Moore		
	☐ Jemima Burr	ns	☐ Sarah Moor	e / Mayne		
	☐ Koombra Ale	exander Campbell	☐ William Sam	pson		
	☐ William Day		☐ Mary/Marga	aret Smith		
	☐ Eliza Edward	S	☐ Kathleen/Ki	ty & Walin (Stewart)		
	☐ Henry Edwa	rds	☐ Mary Tattan	nbo		
	☐ Edward Firebrace		☐ Robert Taylo	☐ Robert Taylor		
	☐ Edward Joac	him	☐ Richard & Sa	arah Wilson/Crow (Agnes		
	☐ Ernest McGe	ee	Edwards)			
Please attach your connection to a Wamba Wemba Apical Ancestor in the Family Tree section at the end of this form.						
10.	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					
	$\square$ 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:						
	$\hfill\Box$ I am a Wamba Wemba descendant and am eligible for membership of the Wamba Wemba Aboriginal Corporation					
$\square$ The details entered above are to the best of my knowledge true and correct.						
	$\square$ The atta	ched family tree con	nects to a Wamba			
	Wemba Ap	ical Ancestor		OFFICE USE ONLY:		
Signature of person making application (mandatory)			datory)	Directors meeting date: Decision:		
		<del></del>		☐ Accept Application		
				☐ Reject Application		
Director	Signature			☐ Referred to Sovereign Elders Council		
Gnerrick Gnerrick Signature						

Please contact us by email: <a href="mailto:membership@wambawemba.com">membership@wambawemba.com</a>



### **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

Name of Apical Ancestor		

from Applicant to 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 Grandfather	Great Great Grandmother
Great Great Great Grandfather	Great Great Great Grandmother