

## APPLICATION FOR MEMBERSHIP

To apply for membership of the Gunggari Native Title Aboriginal Corporation, please complete the form below and send to via e-mail or post to:

**Email:** [coordinator@gunggaripbc.com.au](mailto:coordinator@gunggaripbc.com.au)

**Post:** PO Box 27, Mitchell QLD 4465

### APPLICANT INFORMATION

First Name\* \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name\* \_\_\_\_\_

Maiden Name (*if applicable*) \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Place of Birth \_\_\_\_\_

Street Address\* \_\_\_\_\_

Suburb\* \_\_\_\_\_

Postcode\* \_\_\_\_\_

State\* \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### APICAL ANCESTORS\* (*Please select only one apical ancestor. If you have multiple ancestors, please complete a new form for each one.*)

- |  |  |
|--|--|
| <input type="checkbox"/> Jinnegah aka Mary and Albert Murray   | <input type="checkbox"/> Harry Rookwood  |
| <input type="checkbox"/> Lizzie Woodford/Gyemore/South   | <input type="checkbox"/> Lucy of the Balonne River   |
| <input type="checkbox"/> Harry Collins and Dinah Smith   | <input type="checkbox"/> Charlotte Moffat  |
| <input type="checkbox"/> Old Frog  | <input type="checkbox"/> Mary of Bollon  |
| <input type="checkbox"/> Nellie Walker   | <input type="checkbox"/> Clifton George  |
| <input type="checkbox"/> King Billy Dick   | <input type="checkbox"/> Maria of Tongy Station  |
| <input type="checkbox"/> Kate Meathers/Meadows   | <input type="checkbox"/> Parents of Mary of the Maranoa and Lizzie                           |
| <input type="checkbox"/> Effie Armstrong, the granddaughter of Coombra Jack  | <input type="checkbox"/> Maggie of the Moonie, the mother of Sarah Brennan and Isabella Kerr |
| <input type="checkbox"/> Kitty of St George aka Mary Bolon, the mother of George Hazzard Jnr aka Henry James Hazzard |  |

## FAMILY MEMBERS

Siblings

---

---

---

Children

---

---

---

Grandchildren

---

---

---

## GUNGGARI DESCENT LINES

*The below information is about your Gunggari connection. Please only add information for people are Gunggari, and please complete as far back as memory allows.*

### Gunggari Descent Line Information (Parent)\*

First Name\*

---

Middle Name

---

Last Name\*

---

Maiden Name

---

Married

---

Date

### Gunggari Descent Line Information (Grandparent)\*

First Name\*

---

Middle Name

---

Last Name\*

---

Maiden Name

---

Married

---

Date

---

### Gunggari Descent Line Information (Great Grandparent)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Married \_\_\_\_\_

Date \_\_\_\_\_

This great grandparent is an apical ancestor.

### Gunggari Descent Line Information (Great Great Grandparent)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Married \_\_\_\_\_

Date \_\_\_\_\_

This great great grandparent is an apical ancestor.

### Gunggari Descent Line Information (Great Great Great Grandparent)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Married \_\_\_\_\_

Date \_\_\_\_\_

This great great great grandparent is an apical ancestor.

I, \_\_\_\_\_ (print name) confirm the following:

I am at least 18 years of age, a Native Title Holder and member of the Gunggari People, and I am applying for membership of the Gunggari Native Title Aboriginal Corporation ('The Corporation').

- I confirm that the information submitted in this application is true and correct to the best of my knowledge and I understand that any false statements may result in denial or revocation of my membership with the Corporation.
  
- I consent to the Corporation using the information provided by me in this form for the purpose of making decisions relating to my membership application, and to update and maintain the Corporation's genealogical and membership database, and for any other purpose at the discretion of the Corporation to assist the Corporation to perform its functions and duties.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

Office Use Only				
Date Received			Entered Smartsheets	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Approved	
Office Signature				