



Nyeri Nyeri and Northern Wergaia Corporation Limited

ABN: 54 689 617 927

Application for membership

Email: admin@nnnw.ltd

I, _____ (first name of applicant)

_____ (last name of applicant)

of _____ (address of applicant)

Date of Birth: _____

Contact Number: _____ Email: _____

Name of your apical ancestor: _____

Are you a direct relative of a current registered *Nyeri Nyeri and Northern Wergaia Corporation Limited* Member/Family? If yes, please state the name/s of the registered NNNW Member/Family below:

I declare that I am eligible for membership.

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ neither

Signature of applicant

Date: _____

Corporation use only

Application received	Date:
Application tabled at directors' meeting	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date:
Applicant notified of directors' decision	Date: