

To become an IBN Community Member you must complete this form plus the Deed of Undertaking by an IBN Community Member.

1 First name

Last name

Date of birth

 / /

Postal address

Residential address

(If the same Postal Address - leave blank)

Phone

 ()

Email address

How do you prefer to be contacted?

 Phone Email Post**2** The language group to which you belong is through which family line?Mother

What is your mother's name?

Please tell us about your grandparents on your mother's side

What is your grandmother's name?

What is your grandfather's name?

Father

What is your father's name?

Please tell us about your grandparents on your father's side

What is your grandmother's name?

What is your grandfather's name?

3 I declare that I am a: *(tick one box only)*

- Yinhawangka person
- Banyjima person
- Nyiyaparli person

4 I am applying to the following Representative Corporation (please tick one box) for its endorsement as a member of that language group, and if eligible for membership of that Corporation:

- Minadhu Aboriginal Corporation
- Banyjima Aboriginal Corporation
- Milyuranpa Banyjima Aboriginal Corporation
- Nyiyaparli Aboriginal Corporation

I endorse the person named on this application as being eligible to be a member of the IBN Community.

Signature of **Elder or Director**

Name of **Elder or Director**

Date

X

5 Endorsement




- I declare that the above information in my application is true and accurate and authorise IBN to verify as necessary.
- I consent to my name being entered as an IBN Community Member under the IBN Charitable Foundation and agree to be bound by the terms and conditions of the IBN Charitable Foundation Trust Deed.
- I agree to tell IBN if I receive any benefits (financial or other) from a Native Title Agreement or another foundation related to another Native Title Claim or Language Group, when making an application for assistance from the IBN Charitable Foundation.

Signature

Date

X

Attachment checklist

-  Please attach a copy of your birth certificate to this application.
-  Please attach your completed Deed of Undertaking by an IBN Community Member.
-  Remember you must also attach your completed application form for the Representative Corporation you ticked above (Question 4).

Office use only

Date received

Received by

IBN Corporation Pty Ltd
ACN 093 140 240

Returning
this form 

Fax: (08) 9140 0996

Email: membership@ibngroup.com.au

Post: PO Box 2390 South Hedland WA 6722

In person: 3 Brand St South Hedland or 973 Central Road, Tom Price
or 7/18 Hedland Place, Karratha