

FULL MEMBERSHIP APPLICATION FORM

Your details:	
Full name (incl. middle name):	
Are you known by any other names?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Contact phone number:	
Residential address:	
Postal address:	
Email address:	
Please note your preferred contact method:	

Membership Details									
Date of birth:									
Identification documents required: For applicants under 30, you must attach a copy of your birth certificate. For applicants over 30, please attach a copy of either a driver's license or other identifying documents. You must also fill in your mother's and father's names. If your birth certificate does not prove Banjima descent, please provide a statutory declaration proving your Banjima descent.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Yes <input type="checkbox"/></td> <td style="padding: 5px;">Mother's name:</td> </tr> <tr> <td style="padding: 5px;">No <input type="checkbox"/></td> <td style="padding: 5px;">Father's name:</td> </tr> <tr> <td style="padding: 5px;">Yes <input type="checkbox"/></td> <td style="padding: 5px;">Identity Documents attached:</td> </tr> <tr> <td style="padding: 5px;">No <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> </table>	Yes <input type="checkbox"/>	Mother's name:	No <input type="checkbox"/>	Father's name:	Yes <input type="checkbox"/>	Identity Documents attached:	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	Mother's name:								
No <input type="checkbox"/>	Father's name:								
Yes <input type="checkbox"/>	Identity Documents attached:								
No <input type="checkbox"/>									
Please list your Apical Ancestor: See attached information page for a list of Apical ancestors. Additional information may be provided to the Elders Council and the Board for consideration around details of your genealogical connection to a Banjima Ancestor.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Apical Ancestor:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Yes <input type="checkbox"/></td> <td style="padding: 5px;">Additional information provided:</td> </tr> <tr> <td style="padding: 5px;">No <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> </table>	Apical Ancestor:		Yes <input type="checkbox"/>	Additional information provided:	No <input type="checkbox"/>			
Apical Ancestor:									
Yes <input type="checkbox"/>	Additional information provided:								
No <input type="checkbox"/>									
Have you previously applied for BNTAC Membership? If yes, what was the date and was your membership declined at that time? NOTE that if you have been declined Membership in the last 3 years you are required to provide additional information for any new application to be considered	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Yes <input type="checkbox"/></td> <td style="padding: 5px;">Details of date of application and when declined if relevant:</td> </tr> <tr> <td style="padding: 5px;">No <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Yes <input type="checkbox"/></td> <td style="padding: 5px;">Additional information required if membership application previously declined in last three years.</td> </tr> <tr> <td style="padding: 5px;">No <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> </table>	Yes <input type="checkbox"/>	Details of date of application and when declined if relevant:	No <input type="checkbox"/>		Yes <input type="checkbox"/>	Additional information required if membership application previously declined in last three years.	No <input type="checkbox"/>	
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No <input type="checkbox"/>									
Yes <input type="checkbox"/>	Additional information required if membership application previously declined in last three years.								
No <input type="checkbox"/>									

Are you a member of another Registered Native Title Claim or Determined Claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide details of your involvement with this group:
If you have previously been a member of another Registered Native Title Claim or Determined Claim: A separation letter <u>must be provided</u> from the relevant organisation confirming: <ol style="list-style-type: none"> 1. that you no longer identify as a member of that group; and 2. the date from which you separated from that group. <p>NOTE: the Board <u>will only consider</u> the application <u>if it has been three years</u> since separation from the other group <u>unless</u> exceptional circumstances apply.</p> Exceptional circumstances need to be outlined in a letter to the Board and attached with this application.	Date of separation: Separation letter provided: Yes <input type="checkbox"/> No <input type="checkbox"/> Exception circumstances letter provided (if relevant): Yes <input type="checkbox"/> Not Relevant <input type="checkbox"/>
Do you authorise BNTAC to discuss your membership or prior membership with other Native Title trusts & Corporations, if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declarations:		
<u>SUPPORTER DECLARATION:</u> This membership application <u>MUST</u> be supported by an Elders Council Member * Banjima Elders Council Member Declaration: <i>I declare that I support this application for membership of BNTAC.</i>		
Name of Elders Council Member:	Signature:	Date:
<u>APPLICANT DECLARATION:</u> I declare that I am eligible for BNTAC membership (see page 3 for details).		
Name of applicant:	Signature:	Date:

*See attached Information Page for the names of Elders Council Members

FULL MEMBERSHIP APPLICATION FORM INFORMATION PAGE

To be eligible to apply for BNTAC Full Membership you must be:	
a. 18 years of age or over; and	
b. A Banjima person	
A Banjima person, under the Banjima Determination (Banjima People v State of Western Australia (No3) [2014] FCA 201,12 March 2014), is an Aboriginal person who:	
Is a descendant of one or more of the following apical ancestors:	
1. Bob Tucker (Wirilimura)	6. Whitehead
2. Gawi	7. Yidingganin
3. Yinini (Arju)	8. Maggie (Nyukayi)
4. Sam Coffin	9. Yandikuji
5. George Marndu	
<u>AND</u> recognises themselves as a Banjima person, <u>and</u> is recognised by others as a Banjima person.	
NOTE: If your birth certificate does not provide details of your Banjima descent, ie missing parent information, you are required to provide a Statutory Declaration confirming your Banjima descent. Visit http://www.australia.gov.au/information-and-services/public-safety-and-law/statutory-declarations for more information on Statutory Declarations and to download the required form.	
List of Elders Council Members:	
Trevor Parker	Margaret Parker
Angus Smith	Andrew Smith
Margaret Laphorne	Maitland Parker
Archie Tucker	Timothy Parker
Slim Parker	Brian Tucker
Naydene Robinson Snr	Marnmu Smyth
Eva Black	Marshall Smith
	Charles Smith
One of the above Elders Council Members <u>must support and sign</u> this application	

1. Assistance with completing your form

If you have any questions about this application form, please contact the BNTAC office on (08) 9216 9888 or via email at admin@bntac.org.au. If you are unsure about your correct Apical Ancestor, please consult with your elder(s).

2. Please return your completed application form to:

Email: admin@bntac.org.au

Fax: 9216 9898

Post: Membership Applications, PO Box 6278, East Perth, WA, 6004

In person: Level 1/165, Adelaide Terrace, East Perth 6004

3. Next Steps

Once your application is complete, it will be listed at the next Elders Council meeting. The Elders Council will provide a recommendation to the Board who will make a final decision about membership applications. BNTAC will formally advise you of the outcome following the Board meeting.