



**Wakwakurna Kanyini – for South Australian Aboriginal Children
and Families Ltd
Community Representative
Individual Membership Application Form**

1. Name:

Address:.....

.....

3. **Contact details**

Email:

Phone:

6. **Declaration**

- I confirm that I accept and support the purposes of Wakwakurna Kanyini as set out in the Constitution.
- I confirm that I am an Aboriginal person who resides in South Australia.

7. **Signature**

Signature: _____

Name: _____

Date: _____

Wakwakurna Kanyini use only

Application received	Date:
Application tabled at Directors' meeting held on	Date:
Application fee (if applicable) received	Date:
Directors consider applicant is approved for Membership	Yes / No
Directors have sent notification of Directors' decision to the applicant	Date:
Enter name of Member on register	
Nominee (if applicable) advised	Yes/No