

Ewamian Membership Form

Ewamian Aboriginal Corporation 9 Hort St, Mareeba QLD 4880 **♣ Phone:** (07) 4092 2555 ★ **E-mail:** sharon@ewamian.com.au

INFORMATION						
First Given Name Sur			Surname Name	urname Name		
Street Address						
Suburb/Town		State	Postco	Postcode		
Telephone			Mobile	Mobile		
Email						
B. NOMINATED FAMILY GROUP						
COLLING DING						
COLLINS-BING	LACEY	HUDSON	GEORGETOWN-FISHER	RICHARDS	CLARKE	
C. NOMINATED R		HUDSON	GEORGETOWN-FISHER	RICHARDS	CLARKE	
C. NOMINATED R				RICHARDS QUEENSLAND	CLARKE	
C. NOMINATED R	EGION:				CLARKE	
C. NOMINATED R	EGION:				CLARKE	
C. NOMINATED R	EGION:				CLARKE	

Hereby apply for the membership of the **Ewamian Aboriginal Corporation**I declare that I am eligible for membership.

Signature	Date: