

# Adnyamathanha Master Trust -Application For Membership

## Important Notes

Email to [forms@vincecoulthard.com](mailto:forms@vincecoulthard.com)

- 1 Provide as much detail as possible but at least the names of the parents and grandparents:  
This will enable the Master Trust Advisory committee to consider the application.
- 2 A Parent or Guardian must sign this form if the person applying is under 18 years of age.
- 3 Each person over 18 years of age must complete and sign a form or their power of attorney must do it on their behalf.
- 4 The person signing this form must provide a copy to the responsible person of Group Trust the applicant wishes to join
- 5 If this request is provided by the 31 May or 30 November in any year, the Master Trust Advisory Committee will consider it prior to the next distribution
- 6 Applications are subject to approval by the Master Trust Advisory Committee

### To All Trustees of the Master Trust - Application for membership of the Trust

#### Complete only one box - for yourself or for a family member - NOT both

I wish to apply for membership for my self - my name is:-	Date of Birth

I wish to apply for my Adnyamathanha family member - whose name is:-	Date of Birth

Mother's Name _____	Date of Birth / /	Member No if known	
Father's Name _____	Date of Birth / /	Member No if known	

Adnyamathanha Grandparents Names	
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Any other information showing that the person applying for membership is a person eligible for membership

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and wish to join this sub group	Angelina [ ]    Beverley [ ]    Buzzacott [ ]    Geraldine [ ] Gordon [ ]    Johnson [ ]    Kuyani [ ]    Vince [ ]
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My name is: _____	Relationship to applicant (Mother, Grandmother etc)	
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Address _____	
Number & Street	Suburb & PostCode

**If the form is not signed and dated it will be rejected. Don't type the signature.**

Signed _____ / /	Member No: if Known	
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**Mobile or email address is required or the form will be rejected**

<b>Mobile Phone</b>	Block letters Please	<b>Email</b>
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