

## Schedule 2—Application for membership form

**First People of the Millewa-Mallee Aboriginal Corporation (ICN 8264)**

### Application for membership

I,.....  
(first name of applicant) (last name of applicant)

of.....  
(address of applicant)

apply for membership of the corporation.

Phone number: .....

Email address: .....

Date of birth: .....

I declare that I am eligible for membership and am descended from the following Identified Apical Ancestor listed below (please tick one):

- John Perry and Nelly/Emily Perry
- Elizabeth Johnson
- Archibald Pepper and Jessie Mayne
- Thomas Pearce (eligible for Associate Membership only)

I wish to apply as (please tick one):

- A Full Member
- An Associate Member

**Full Members only:** I declare that I am a member of the following Identified Family Group (please tick one):

- The Sarah Perry family group (descendants of John and Nellie Perry's daughter Sarah)
- The Carrie Perry family group (descendants of John and Nellie Perry's daughter Carrie)
- The Annie Perry family group (descendants of John and Nellie Perry's daughter Annie)
- The Johnson family group (descendants of apical ancestor Elizabeth Johnson)
- The Pepper/Mayne family group (descendants of apical ancestor Jessie Mayne)

The Corporation suggests that providing copies of appropriate identification with your application will assist in assessing your application. Any information provided will be

kept confidential and used only for the purposes of assessing your membership application and copies will be destroyed once your membership application has been assessed.

On the next page there is a family tree information form. Please complete this to the best of your knowledge.

Signature of applicant .....

Date .....

**Corporation use only**

Application received	Date:
Application tabled at directors' meeting held on	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors enter name, address and date on register of members (also Indigeneity if non-Indigenous members are allowed)	Date:
Directors have sent notification of directors' decision to the applicant	Date:

Please complete this form to the best of your knowledge. Write below the full names of all family members that you are aware of, including nicknames, names from previous marriages, etc.

<b>Father's side</b>		<b>Mother's side</b>	
Father's father's parents [ <u>Your great grandparents</u> ]	Father's mother's parents [ <u>Your great grandparents</u> ]	Mother's father's parents [ <u>Your great grandparents</u> ]	Mother's mother's parents [ <u>Your great grandparents</u> ]
Father's father [ <u>Your grandfather</u> ]	Father's mother [ <u>Your grandmother</u> ]	Mother's father [ <u>Your grandfather</u> ]	Mother's mother [ <u>Your grandmother</u> ]
<u>Father</u>		<u>Mother</u>	
<u>Your Name</u>			

The information you provide on this page may be shared with First Nations Legal & Research Services (First Nations) at the discretion of the FPMMAC Board. It will be treated as confidential by both First Nations and FPMMAC.