



APPLICATION FOR MEMBERSHIP

Applicants must be over the age of 18 years

APPLICANT

Name: _____ Date of Birth: / / Age: _____

Birthplace: _____

Current Address: _____

Email Address: _____ Contact Number: _____

APICAL ANCESTOR/S

Jenny Green	Lucy Sutton
Susannah McDonald	Billy & Mary Gorrie
Eliza Mitchell	James Lancaster
William & Hannah King	John Henry Rose
James & Mary Sutton	Andrew & Ellen Winter
Mary, Mother of James Egan	Mary McKinnon
Timothy James Arden & Barbara Winter	Louisa Taylor

MY APICAL ANCESTOR FOR THE PURPOSES OF PRESCRIBED BODY CORPORATE MEMBERSHIP IS:

I AUTHORISE THE GUNDITJ MIRRORING TOAC TO VALIDATE THE GENEALOGY PRESENTED AND TO KEEP SECURE AND CONFIDENTIAL MY GENEALOGICAL INFORMATION.

Yes No

APPLICANT SIGNATURE

Signed: _____ declared at: _____ on: / /

SIGNED BY CURRENT MEMBERS OF GMTOAC (must be completed before application is submitted)

Moved by Current Member:	_____	Signed:	_____
Seconded by Current Member	_____	Signed:	_____

MOTHER'S SIDE	
MOTHER	
MOTHER'S PARENTS	
MOTHER'S GRANDPARENTS	
MOTHER'S GREAT GRANDPARENTS	
FATHER'S SIDE	
FATHER	
FATHER'S PARENTS	
FATHER'S GRANDPARENTS	
FATHER'S GREAT GRANDPARENTS	

-- INTERNAL USE ONLY --		
<input type="checkbox"/> Genealogy Accepted <input type="checkbox"/> Genealogy Not accepted	Chairperson Signature:	
Decision Date:	Chairperson Name:	