

**YAMATJI SOUTHERN REGIONAL CORPORATION LTD
ELDERS PROGRAM – 2022/2023 APPLICATION FORM**



Please note that applications from non-members will take longer to process, while eligibility is confirmed. To assist with your eligibility as a non-member please make sure to complete Section 2 of the application form on page 2 and provide a copy of some form of ID showing date of birth.

SECTION 1: CONTACT DETAILS AND OPTIONS

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
		State:	<input type="text"/>
Postal Address:	<input type="checkbox"/> As above	OR	<input type="text"/>
Email:	<input type="text"/>	Contact Number:	<input type="text"/>

Please advise why you are applying for the Elders Program:

- Services, transport and goods that assist in relieving the needs of old age
- Relief of poverty and hardship Other: _____
- \$1000 Note: You can apply for a maximum of \$1000 per financial year

Declaration

- I confirm I am a Yamatji Nation person, who will be 60 years or older after the 30 June 2022
- I am an existing member of the Yamatji Southern Regional Corporation
- I previously applied for the Elders Program and have already provided relevant proof of date of birth
- I have provided proof of date of birth with this application

Please send completed application form to:

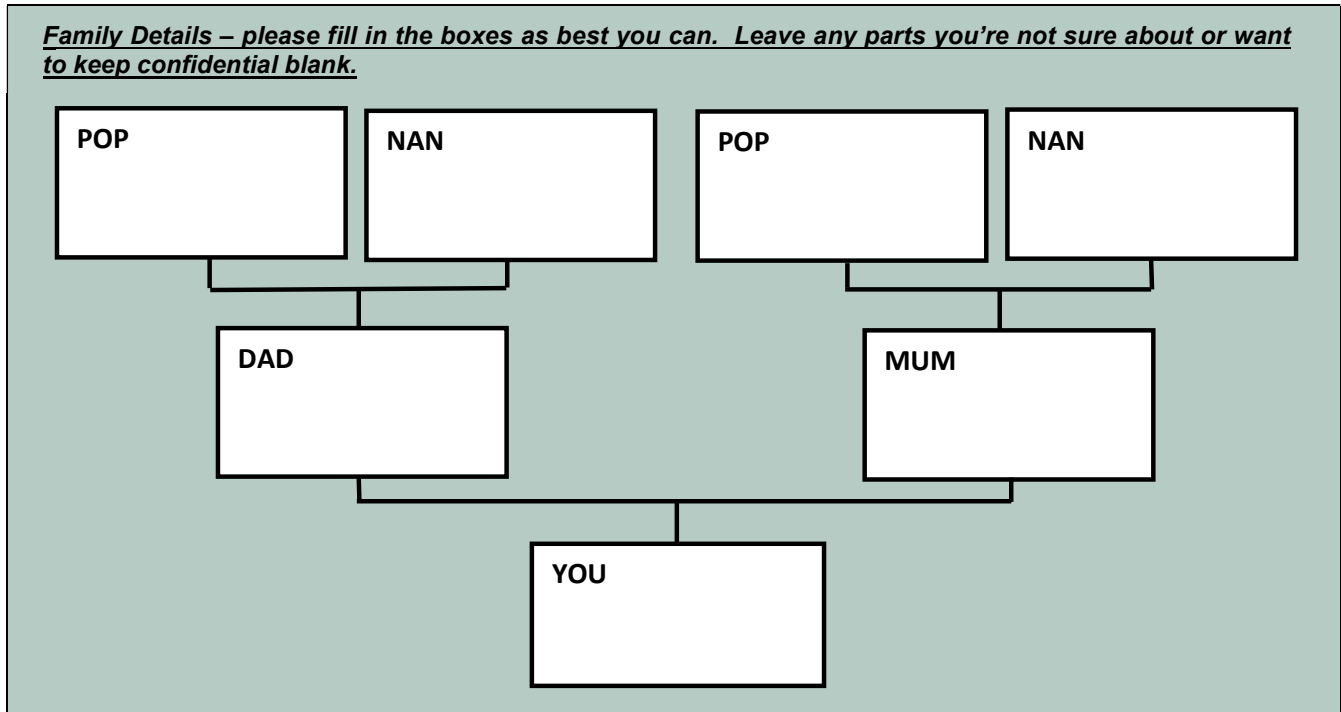
Post: Yamatji Southern Regional Corporation
PO Box 552 GERALDTON WA 6530
Email: reception@ysrc.com.au
For queries call: (08) 9934 6890

Office Use Only:

- Member # _____
- Non-member applied for membership [AFM]
- Non-member not applied for membership [NAM]
- Proof of date of birth provided
- Gift Card provided

SECTION 2: APICAL ANCESTOR CONNECTION AND FAMILY DETAILS

Family Details – please fill in the boxes as best you can. Leave any parts you’re not sure about or want to keep confidential blank.



My apical ancestor is: (you can tick more than one if you have more than one apical ancestor)

- | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Ap-barra (Upparawa) and Dharringa | <input type="checkbox"/> Jane Hunt | <input type="checkbox"/> Rosie Coleman |
| <input type="checkbox"/> Annie Tira | <input type="checkbox"/> Jibija (Rosie Jones) | <input type="checkbox"/> Sarah Jane Campbell |
| <input type="checkbox"/> Biddie (mother of Fred Camamah) | <input type="checkbox"/> John Yuna Councillor | <input type="checkbox"/> Sarah Broad |
| <input type="checkbox"/> Billy and Judy Thompson | <input type="checkbox"/> Lizzy Flynn | <input type="checkbox"/> Sarah Feast (Jooldarnoo) |
| <input type="checkbox"/> Brindy / Brinty | <input type="checkbox"/> Mary Gingina | <input type="checkbox"/> Shilling |
| <input type="checkbox"/> Cissie Broad | <input type="checkbox"/> Mary Nundie | <input type="checkbox"/> Timothy Benjamin |
| <input type="checkbox"/> Eeranyoo | <input type="checkbox"/> Nellie | <input type="checkbox"/> Uanda |
| <input type="checkbox"/> Eliza | <input type="checkbox"/> Noogy (grandmother of Minnie Campbell) | <input type="checkbox"/> Woondoora |
| <input type="checkbox"/> Galena | <input type="checkbox"/> Punch | <input type="checkbox"/> Wyoo and Myonada |
| <input type="checkbox"/> Jane Cotter (mother of Sarah Mabel Bell and Patrick John Bell) | <input type="checkbox"/> Rosie (mother of Walter Ninghan) | |

My cultural group connection/s within the Yamatji Nation ILUA Agreement area is:

The area of country within the Yamatji Nation ILUA Agreement Area that I most strongly connect to is:

I declare that the above details are accurate and true. I understand and agree that the Trust rules need to be followed and that my request may be approved in part only or not at all. Once I receive the Gift Card, it will be treated like cash and if it is lost, it can't be replaced. The Trustee and/or YSRC is not liable for any loss, damage or personal injury resulting from the Trust funding the whole or part of this request.

Signature

Date