



Schedule 2 – Application for Membership Form
APPLICATION FOR MEMBERSHIP or ASSOCIATE MEMBERSHIP
Corporations (Aboriginal and Torres Strait Islander) Act 2006

I, the undersigned, hereby apply for admission as a member of the South West Aboriginal Medical Service Aboriginal Corporation. I declare that I am eligible for membership as outlined in the Rules of the Corporation.

PERSONAL INFORMATION			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Surname:	First Name:	Middle:	
Home Address:			
Town:		WA	Postal Code:
Postal Address:			
Town:		WA	Postal Code:
Home Phone: ()	Work: ()	Mobile:	
Email:			

ABORIGINALITY		
<input type="checkbox"/> I declare that I am of Aboriginal or Torres Strait Islander descent : <input type="checkbox"/> I declare that I identify as an Aboriginal or Torres Strait Islander person: <input type="checkbox"/> I declare that I am accepted as an Aboriginal or Torres Strait Islander person in the community of which I live, or in the community of which I previously lived. This community being:		
Family Group:	Town/ Region:	State:
<input type="checkbox"/> I am none of the above and am only applying to be an Associate Member of SWAMSAC.		

DECLARATION	
<input type="checkbox"/> If my application is accepted, I agree to abide by the Rules of the Corporation; <input type="checkbox"/> Especially Rule 6.4.2- Members Responsibilities: <ul style="list-style-type: none"> • To comply with the Act and these Rules; • To notify the Corporation of any changes in my address within 28 days; • To comply with any Code of Conduct adopted by the Corporation; • To treat other members and the directors with respect and dignity; and • To not behave in a way that significantly interferes with the operation of the Corporation or of Corporation meetings. 	
Signature:	Date:

DIRECTORS ENDORSEMENT	
Date of Committee Meeting:	Application Result: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Rejection Reason:	
Comments:	
Chairperson's Name:	Chairperson's Signature:

OFFICE USE ONLY		
Abcorp Entry Date:	Processed by:	Membership #: