

Schedule 1 - Application for Membership Form

South West Aboriginal Medical Service – ICN 2958

Application for membership

I, _____ (first name of applicant)
 _____ (last name of applicant)
 of _____ (address of applicant)

D.O.B: _____ Email: _____

Home phone: _____ Work: _____ Mobile: _____

Apply for membership of the corporation.

I declare that I am eligible for membership.

I am: Aboriginal Torres Strait Islander neither

Signature of applicant: _____

Date: _____

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Corporation use only

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