

Application for Membership Form

Application for Membership Corporation Act 2001



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

1. 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 <input type="checkbox"/> Prefer not to say	Date of Birth: DD / MM / YYYY
Surname:	First name:	Middle name(s):
Home Address:		
Town:	WA	Postcode:
Postal Address:		
Town:	WA	Postcode:
Email Address:	Home Phone: ()	Mobile:

2. Aboriginality

Are you re-applying for membership? If YES, please skip this section and go to 3. Declaration

- I declare that I am of Aboriginal and/or Torres Strait Islander descent
- I declare that I **identify** as an Aboriginal and/or Torres Strait Islander person
- 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(s): _____
- Towns/Regions: _____ State: _____

To support my membership application, I have provided the following (please tick one box from PART A, or tick two boxes from PART B):

PART A:

- Confirmation of Aboriginality Certificate

PART B:

- Letter from a registered Aboriginal Corporation
- Birth Certificate
- Family Tree
- Other supporting documents

3. Declaration

- If my application is accepted, I agree to abide by the constitution of the company

Signature: _____ Date: DD / MM / YYYY

Directors Endorsement

Date of Committee Meeting: DD / MM / YYYY Application Result: Accepted Declined

Reason for Decline: _____

Office Use Only

Membership Register Entry Date: DD / MM / YYYY Date of Notification Sent to applicant: DD / MM / YYYY

Abcorp Entry Date: DD / MM / YYYY Processed by: _____ Membership #: _____