

Membership Application Form



MIWATJ HEALTH ABORIGINAL CORPORATION

ICN 1409

Application for membership

I, _____ (first name of applicant)

_____ (other names of applicant)

_____ (last name of applicant)

of _____ (address of applicant)

_____ (postal address of applicant)

_____ (email address of applicant)

_____ (date of Birth)

_____ (place of Birth)

Hereby apply for membership of Miwatj Health Aboriginal Corporation.

I declare that I am eligible for membership, and confirm that I am;

(a) at least 18 years of age, and

(b) normally and permanently reside in the Miwatj Region.

I am ☐ Aboriginal ☐ Torres Strait Islander ☐ neither

Occupation: _____

Signature of applicant

Date

Corporation use only

Application received	Date:
Application tabled at directors' meeting	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date:
Applicant notified of directors' decision	Date:
Membership entered in Member Database	Date:
Membership entered in ORIC	Date:
Member Number	#