



APPLICATION FOR MEMBERSHIP

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

apply for membership of the Corporation.

I declare that I am eligible for membership as I am at least 18 years of age, and I am an Aboriginal person from one of the five main language groups, as selected below, and I live in Fitzroy Crossing or in the surrounding area.

- Bunuba Gooniyandi Walmajarri Wangkatjungka Nyikina

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: