# [insert logo (if any) of the corporation]

# [insert name of Aboriginal and Torres Strait Islander corporation]

# ICN ####

## 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.

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ neither

|  |  |
| --- | --- |
| 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: |