

Schedule 1—Application for membership form

indicates a non-mandatory field

DURRI ABORIGINAL CORPORATION MEDICAL SERVICE

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

Date of Birth: ____/____/____
(day) (month) (year)

of _____
(address of applicant)

Current telephone number _____

Hereby apply for membership of the Durri Aboriginal Corporation Medical Service.

I declare that I am eligible for membership under Rule 3.1 and am willing to be bound by the rules of the corporation.

3.1 Who is eligible?

A member must be:

- a) at least 18 years of age: and
- b) an Aboriginal or Torres Strait Islander person who permanently resides in the Local Government Areas of Kempsey or Nambucca Valley

Signed: _____

Date: _____

Current Members supporting this application:
The person named above is supported for membership of Durri ACMS as being eligible for membership under 3.1 of the rules of the corporation. *Applicant must obtain signatures from two current members of Durri ACMS.*

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

Office use only

Application tabled at Directors' meeting held	Date:
Directors confirmed applicant is eligible for membership	Yes / No
Entered on register of members	Date:

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Chairperson's signature