

Application for Membership

Derbarl Yerrigan Health Service Aboriginal Corporation (ICN: 8718)

I,
(First Name) (Family/Last Name)

of
(Address of applicant)

Phone: Email:

apply for membership of Derbarl Yerrigan Health Service Aboriginal Corporation.

I declare that I am eligible for membership.

I am:

At least 18 years of age

An Aboriginal person and as such, I am accepted by the local community

Supportive of the objects or purposes of DYHSAC and agree to the terms of the Rule Book.

Not a body corporate, company or any entity other than a person

Residing and continue to reside in the Perth Metropolitan Area.

Signature of Applicant:

..... Date:

Return to: Board Secretariat, 156 Wittenoom Street, East Perth or email Christine.Burke@dyhs.org.au

Corporation Use Only

Application received	Date:
Application tabled at Directors' meeting held on	Date:
Directors consider applicant is eligible for membership	Yes / No
Member is admitted as:	<input type="checkbox"/> voting member
Directors enter name, address and date on Register of Members (also indigeneity if non-Indigenous members are allowed)	Date:
Directors have sent notification of Directors' decision to the applicant:	Date: