

DERBARL YERRIGAN HEALTH SERVICE ABORIGINAL CORPORATION

ICN:8718

Application for Membership

(In line with the DYHSAC Rule Book 26 February 2021)

Membership Contact Information

Full Name					
Other Names					
Address					
Suburb		State		Post Code	
Date of Birth					
Phone Number					
Email Address					
<input type="checkbox"/> I consent to receiving correspondence via Email [please tick ✓]					

To be successful in your application for membership of Derbarl Yerrigan Health Service Aboriginal Corporation, you are required to satisfy the membership criteria set out below. ***If you are unable to meet the requirements below, your application will not be successful and returned as incomplete or requesting further information.***

Membership Criteria

Tick (✓) once completed

1. Provide Membership Contact Information in the table above.	<input type="checkbox"/>
2. Be 18 years of age, show one form of identification a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification (see membership criteria appendix)	<input type="checkbox"/>
3. Be an Aboriginal person	<input type="checkbox"/>
4. Declare you will abide by the Rule Book, Code of Conduct (attached at Schedule 2 to the Rule Book) and act in the best interests of the Corporation.	<input type="checkbox"/>
5. Confirm you are not an employee of the Corporation or have been an employee of the Corporation in the 2 years prior to applying for membership.	<input type="checkbox"/>
6. Declare you reside across traditional Noongar Country.	<input type="checkbox"/>
7. Provide reasons for wishing to become a member.	<input type="checkbox"/>

Declaration

I, _____ (Full name of applicant),

apply for membership of the Derbarl Yerrigan Health Service Aboriginal Corporation.

I declare that I am eligible for membership and confirm that I:

- am over 18 years of age
- am an Aboriginal person
- will abide by the Rule Book, the Act and the Member Code of Conduct (as set out below and in Schedule 2 of the Rule Book)
- will act in the best interests of the Corporation
- am not an employee of the Corporation and have not been an employee of the Corporation during the 2 years prior to the date of this application
- reside across traditional Noongar country

The reason/s I wish to become a member of Derbarl Yerrigan Health Service Aboriginal Corporation are:

Signature of applicant: _____ Date: _____

Corporation Use only

Application received	Date:
Application tabled at directors' meeting held on	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors enter name, address and date on register of members	Date:
Directors have sent notification of directors' decision to the applicant	Date: