



**DERBARL YERRIGAN HEALTH SERVICE ABORIGINAL CORPORATION**

ICN:8718

**Application for Membership**

(In line with the DYHSAC Rule Book 14 September 2022)

**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 <input checked="" type="checkbox"/> ]					

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 <b>one</b> 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. Provide copy of Confirmation of Aboriginality document	<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:

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Corporation Use only**

Application received	Date:
Application tabled at directors' meeting held on	Date:
Directors consider applicant is eligible for membership	
Directors enter name, address and date on register of members	Date:
Directors have sent notification of directors' decision to the applicant	Date: