



Many Rivers Regional Housing

MANAGEMENT SERVICES ABORIGINAL CORPORATION

ICN 7082 ABN 91 242 536 627

Membership Application

I, _____ (Full name of applicant)

of _____ (Residential address of applicant)

My date of birth is: _____ (Date of birth)

My telephone number is: _____ (Phone number)

My email address is: _____ (Email address)

I hereby confirm I am of Aboriginal and/or Torres Strait Islander heritage, am over 18 years of age and willing to be bound by the rules of the corporation. I am, therefore, eligible for membership of the Many Rivers Regional Housing Management Services Aboriginal Corporation.

I am willing to provide confirmation of Aboriginal and/or Torres Strait heritage, if requested.

Signature of applicant _____ Date _____

NOTE: This form should be completed and given to the corporation to be presented at a Directors' Meeting

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:
Chairperson's signature	