## Schedule 1—Application for membership form



## **Many Rivers Regional Housing**

Management Services Aboriginal Corporation

ICN 7082 ABN 91 242 536 627

## **Membership Application**

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:	l,	(Full name of applicant)
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Applicant notified of directors' decision Date:	Directors approve the application	Yes / No
	If approved, new members' details added to register of memb	ers Date:
Chairperson's signature	Applicant notified of directors' decision	Date:
	Chairperson's signature	