

**Schedule 1—Application for membership form**



**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	