

MARNINWARNTIKURA FITZROY WOMEN'S RESOURCE CENTRE-ABORIGINAL CORPORATION ABN 78 560 614 562 ICN 1225 PO BOX 43 FITZROY CROSSING, WA

Application for membership

l,	(first name of applicant)
	(last name of applicant)
of	(address of applicant)
I declare that I am eligible for membership.	
I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ neither	
Signature of applicant	
Date	
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: