|  |  |  |
| --- | --- | --- |
| I, | Click here to insert text | (first name of applicant) |
|  | Click here to insert text | (last name of applicant) |
| of | Click here to insert text | (address of applicant) |

apply for membership of the corporation.

I declare that I am eligible for membership.

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ other, specify: Click here to insert text

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date | Click here to insert text |

**Corporation use only**

|  |  |
| --- | --- |
| Application received | Insert Date |
| Application tabled at directors’ meeting | Insert 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 | Insert Date |
| Applicant notified of directors’ decision | Insert Date |

**Notes** (optional)**:** Click here to insert text