

# MEMBERSHIP APPLICATION

## KARADI ABORIGINAL CORPORATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

PHONE: \_\_\_\_\_ (MOBILE) EMAIL: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

WITNESS'S SIGNATURE: \_\_\_\_\_

.....

PASSED BOARD MEETING: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORISING DIRECTOR: \_\_\_\_\_

Office Use Only

Membership Number: \_\_\_\_\_

.....

