

Schedule 1

APPLICATION FOR MEMBERSHIP FORM

**Bourke Aboriginal Corporation Health Service
ICN 9356**

Apply for membership

I, (first name of applicant)

..... (last name of applicant)

of,

..... (residential address, a postal address is not sufficient)

Apply for membership of the corporation.

I declare that I am eligible for membership as per section 3.1 of the Bourke Aboriginal Corporation Health Service Rule Book

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:

The rule book of Bourke Aboriginal Corporation Health Service (ICN 9365).
Registered by a Delegate of the Registrar on 16 June 2021.